VOL. VI. MAY, 1899. NO. 5.

THE LARYNGOSCOPE

A MONTHLY JOURNAL
DEVOTED TO DISEASES OF THE

NOSE - THROAT - EAR

FOR CONTENTS SEE PAGE VII.

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THE

LARYNGOSCOPE.

VOL. VI. ST. LOUIS, MO., MAY, 1899. No. 5.

ORIGINAL COMMUNICATIONS.

(Original communications are received with the understanding that they are contributed exclusively to THE LARYNGOSCOPE.)

REMARKS ON NASAL INSUFFICIENCY DUE TO EXAGGERATED PROMINENCE OF THE ANTERIOR ARCH OF THE CERVICAL VERTEBRÆ.

BY DUNDAS GRANT, M.D., LONDON.

It is with great interest that I read in the LARYNGOSCOPE for February the report of a paper on the above question by Dr. Newcomb and the discussion which followed it in the New York Academy (Section of Laryngology and Rhinology.) The subject forced itself upon my notice some years ago, and in ignorance of the fact that it had already been dealt with by other observers, I brought before the British Laryngological Association several cases illustrating the condition, in April, 1897. The report of my remarks appeared in the *Journal of Laryngology* for August of that year. The following is the account of my most striking case:

"In a tall, overgrown young lady, aged fourteen, the most remarkable mental, aural and other general disturbances were present, until in September, 1892, I removed the then existent crop of adenoids in her naso-pharynx. The improvement in her condition was extraordinary, and her stature increased to an unusual extent. Four years later she was again brought to me on account of the recurrence of the symptoms, and probably of the adenoids. On examination of the naso-pharynx there was indeed a slight redevelopment or regrowth of the pharyngeal tonsil, though not sufficient to account for the nasal obstruction, but while making the examination I was struck

by the remarkable degree of bulging of the cervical vertebræ (the atlas and possibly to a slight extent the axis), which diminished the lumen of the air passage between the hard palate and the posterior wall of the pharynx to such an extent as to almost prevent the introduction of the finger, and certainly to make it extremely difficult to remove the small mass of lymphoid tissue in the hollow lying above this projection. The stenosis of the passage was somewhat diminished when the patient's head was raised forcibly and not bent either forward or backward. In point of fact, the patient had acquired a somewhat exaggerated curvature and allowed her head to sink, so that the bulging was exaggerated from her defective attitude. By means of Quinlan's form of post-nasal forceps it was very easy to remove the growths, as will be obvious when the somewhat peculiar shape of the forceps is considered. This was supplemented by the use of Golding-Bird's post-nasal curette. This latter instrument is obviously the only one which has the slightest chance of reaching such a recess as I have described, where any of the usual modifications of Gottstein's instrument would have been obviously unavailing. The patient was encouraged to hold herself up, and was placed under the care of Miss Chreiman for gymnastic exercises. Mr. Edward Cotterell examined her on account of some obscure injury to the lower part of the spine, and diagnosed a traumatic coccygodynia. A marked improvement took place, the removal of the adenoids being only a supplementary element in this case, as I have no doubt it is in many others."

I beg to draw particular attention to the remarkable applicability of the forceps designed by Dr. Quinlan and the curette by Mr. Golding-Bird to operations on such cases. I was surprised to see no reference to Dr. Quinlan's instrument in the discussion in which he seems to have taken such an active part. I should consider Gottstein's curette as essentially contraindicated, and indeed instances have been reported of the removal of a fragment of bone by means of the instrument when the condition referred to above has been present. The dangers attending such an occurrence are only too obvious. One moral derived from consideration of such cases is that the application of any instrument in the naso-pharynx for the removal of adenoids should be accompanied or immediately preceded by an exploration by means of the operator's finger. I should, therefore, emphasize in all cases, especially those in which the operation is performed under nitrous oxide anesthesia, the desirability of commencing with the finger nail instead of only finishing with it as is very usual.

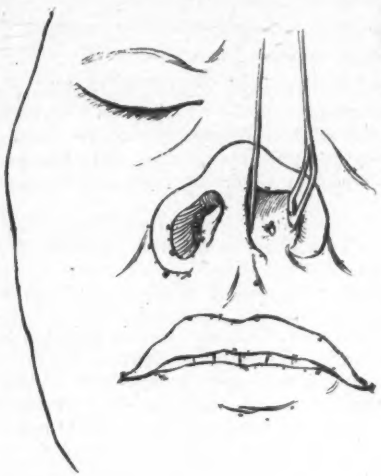
REPORT OF A CASE OF CONGENITAL NASAL ATRESIA.*

BY HAL FOSTER, A.B., M.D., KANSAS CITY, MO.

Last August Mr. T. brought his little son, aged eight years, to my office. The history of the case will no doubt be interesting.

The boy had never been able to breathe through the diseased nostril. Several operations had been performed on the nose, all of which had resulted in no benefit to the little patient.

The father was a commercial traveler, and had led a dissipated life. He contracted syphilis before marriage, was under the care of a



physician three years and pronounced cured before the birth of the boy. The patient seemed to be a bright, strong boy for his age. The nose was the only trouble he had.

The mother informed me that the nose was closed at the child's birth. There was no other deformity. The nose looked natural in every other way. A definite white fibrous membrane stretching be-

* Read by title at the fourth annual meeting of the Western Ophthalmologic and Oto-Laryngologic Association, at New Orleans, February 10, 1899.

tween the septum and side wall of the nostril causing a cul-de-sac.

The occlusion existed on one side only. In order that the boy should have the benefit of the doubt in regard to his specific history he was placed on the usual treatment for that malady for eight weeks, after which time I operated on the nose.

The membrane was divided by the surgical drill. The galvano cautery was applied in order that this fibrous membrane might be destroyed. I then inserted a small Asch nasal splint which was held in place by adhesive plaster.

Antiseptic sprays were used three times a day. Europhen was blown in the nose every morning. This treatment resulted in entirely curing the patient. In these cases it is well nigh useless to resort to the knife. I used the Asch splint in order that the wounds would be separated until healed. In this way there would be no chance for reunion.

The Lenval Prize.

This prize, which has been founded by Baron Léon de Lenval, of Nice, will be awarded at the International Otological Congress to be held in London, from August 8th to 11th, 1899.

The regulations for its award which were passed at the Fifth International Otological Congress, held at Florence in 1895, are as follows, viz.:

1. In connection with the International Congresses of Otology, the sum of 3,000 francs has been given to found a prize, bearing the name of "The Lenval Prize."

2. The interest of this sum, which has accumulated between one International Otological Congress and the next, shall be awarded to the author of the most marked progress bearing on the practical treatment of affections of hearing during that time, or to the inventor of any new apparatus, which is readily portable and improves considerably the hearing-power of deaf persons.

3. The sum of 3,000 francs will be deposited in a public bank in the hands of the President of the Jury.

4. The International Otological Congress will elect a jury each time, consisting of seven members. The jury will pronounce its decision at the closing meeting of each Congress.

The members of the jury as at present constituted, are Professor Politzer (Vienna), Dr. Benni (Warsaw), Dr. Gellé (Paris), Prof. Pritchard (London), Prof. St. John Roosa (New York), Prof. Kirchner (Würzburg), and Prof. Grazzi (Florence).

All persons desirous of competing for the prize are requested to communicate without delay with Mr. Cresswell Baber, Hon. Sec. Gen., 46 Brunswick Square, Brighton, England, stating the facts on which their claim is based.

OTOLOGICAL EXPERIENCES DURING THE NAVAL BATTLE OF SANTIAGO ON BOARD THE BATTLESHIP "IOWA."*

BY M. H. SIMONS, M.D., U. S. N.

MR. PRESIDENT AND MEMBERS OF THE SOCIETY: Your vice-president has assigned to me the task of detailing some of the effects of the burning of powder, and of concussion, as seen by myself on the man behind the gun. What happened to the man before the gun is too well known to require description.

During the war just closed two kinds of powder were used on the "Iowa"—the brown, which is made of potass. nitrate, charcoal and sulphur; the brown color is due to the use of under-burnt charcoal. The compound is compressed into hexagonal prisms in size 1¼ in. x 1 in., with a longitudinal hole ⅓ in. in diameter through the center; it is also slow-burning and many of the grains in a charge go over unburned, some as whole grains, which act as dangerous missiles for a few yards; some as dust, which blows back and settles on the clothes, decolorizing them in spots, giving a greasy feel to the exposed skin, and causing a mild and speedy-passing irritation of the conjunctivæ and air passages.

The smokeless powder used on the "Iowa" is made of gun-cotton. There are many kinds, some with a little nitro-glycerine in them, others of picric acid mainly; but the pure gun-cotton is more reliable and stable, burns more slowly, and thereby gives one of the great desiderata in the formation of a perfect powder. The cotton is washed in ether or amylic spirits to remove the grease, and soaked in a mixture of strong sulphuric and nitric acids. When this latter process is carried on for some hours at a moderately low temperature, the gun-cotton used in the manufacture of smokeless powder is produced, *i. e.*, the tri-nitrate. Its formula, for convenience, is expressed doubled: $C_{12}\ H_{14}\ O_4\ (NO_3)_6$. (Gun-cotton, or rather cellulose, is in the same value, $C_{12}\ H_{20}\ O_{10}$.) The lower forms are used for various chemical purposes, as for making collodion, etc. The essential reaction in the process seems to be the replacement of some of the atoms of hydrogen in the molecule of cellulose by the nitrogen oxides from the nitric acid, and the lower the temperature at which the process is carried on the more certain is the formation of

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* Read before the Western Section, American Laryngological, Rhinological and Otological Society, San Francisco, Cal., March 31, 1899.

the highest nitration. The presence of any of the acids combined in the gun-cotton renders it very unstable; liable to explosion and to deterioration, therefore the most carefully watched part of the process is the washing which is carried on in tanks and rotary machines. After the washing the product is dried and is a powder; this powder, the tri-nitrate, is soluble only in acetone (dimethyl-ketone, $C_3 H_6 O$). After solution the gun-cotton is run into moulds for sticks, plates, etc., to fit shells, etc., or compressed into thin, narrow ribands, which are cut into small grains for use in small-arms cartridges. It is thoroughly dried before using to get rid of the acetone. It is now stable, and will not, as far as known, explode when heated unconfined, but will burn slowly, and can be moistened and dried; will not explode when jarred, but requires a special detonator.

The large quantities used in great guns produces a very evident smoke, which, however, is not so dense as to interfere with the gunner's aim, though the telescopic sights sometimes become so coated with a thin film as to require wiping. The chemical reactions produced in firing have not been thoroughly studied, but the imperfect oxidation in the gun causes the formation of carbonic oxide gas, which is changed to the di-oxide, carbonic acid gas, when the breech is opened; but no signs of poisoning by this gas have been noticed. After a few minutes firing the atmosphere of a deck becomes somewhat hazy, and a mildly acid odor is noticeable, somewhat like that caused by the evaporation of vinegar, but the gas is irritating to the conjunctivæ and mucous membranes of the air passages.

During the first three or four days after the fight of July 3d, off Santiago de Cuba, there were developed and treated four cases of acute tonsillitis, one of acute bronchitis and twenty-four cases of mild bronchial catarrh. In all of these there was acute rhinitis, and in thirteen cases there was so great dullness of hearing that it was necessary to place a watch against the ear to make the tick audible. One case of conjunctivitis, mild, also reported for treatment. Doubtless there were many more men with slight inflammation of the nasal passages and of the conjunctiva who did not report for treatment. The older sailors and marines will not, as a rule, report at sick call unless they are suffering badly. The effect and odor, or taste of the fumes, are very similar to those of formaldehyde gas very much diluted.

The modus of the deafness seems to me to be as follows: The inflammation set up by the gas in the nose and throat causes the closure of the pharyngeal opening of the Eustachian tube; the con-

cussion from the firing of the guns drove in the membrana tympani, forcing out a portion of the air in the tympanum; the closure of the outer end of the Eustachian tube by the swelling of the mucous membrane prevents the ingress of air to equalize the pressure on the membrana tympani, consequently it remains rigid and depressed, and will only vibrate to slow and heavy sounds. On examination it apparently is cup-shaped, and the manubrium shows very plainly. The recovery of these cases seems to me to confirm my view of them. In from two to four days about all the cases were well. The treatment consisted in inhaling Dobell's solution from the steam atomizer, though a little tincture of opium was dropped in the ears to satisfy the desire for direct application to the seat of the most evident trouble. After a mis-step or cough there would generally be a "click," and hearing would be restored and the roaring in the ears would cease. I think the roaring was caused by the steady pressure exerted by the membrana tympani through the chain of ossicles upon the vestibule. The click which preceded the recovery of perfect hearing was caused by the sudden opening of the pharyngeal end of the Eustachian.

I advance all this only as a theory of one unskilled in the diseases of the ear. There were only two cases of perforation of the membrana tympani; one of these has recovered with a little dullness of hearing; the other has only a narrow band of the membrana tympani remaining, but that is the portion to which the manubrium is attached and hearing is fair. There was no particular pain in any of these cases of hardness of hearing; generally the patients complained of a roaring sound and a feeling of stuffiness, as if the ear were filled with cotton. In two or three cases slight dullness of hearing has remained in one or both ears, as in my own case.

The effect of concussion from the firing of the great guns most noticeable was a sense of soreness and constriction across the front of the chest, as if one had been struck a severe blow there with a slender bar of iron or wood. Some complained of quite general muscular soreness of the trunk.

This is a simple description of the effects of concussion and of the combustion of powder as noticed in four or five bombardments and one fleet-battle in which the "Iowa" was engaged. The theory for the deafness I advance with much diffidence, hoping that discussion by your skilled body will develop the truth. There is nothing in my reach dealing with the subject to any extent. Dr. Wagner kindly found for me a few paragraphs in a German journal of otology, but they principally consist in a description of how to avoid the full effects of concussion and a note on the best means of protecting the

ear-drums. On shipboard one cannot protect himself by facing this way or that, for the guns are above, below and, in fact, all around you, so you cannot dodge. In this journal is recommended most highly a double ear-pad of wire netting filled with lead-slag. Cotton protects the drum somewhat if a loose wad is placed in the outer end of the canal, but if a firm pledget reaching well down to the membrana tympani is used, as I found was generally the case, I believe that the effects of concussion will be increased, for in two cases of dullness of hearing with partial destruction of the membrana tympani, I found that the distance for the hearing of the tick of a watch was increased from contact with the outer ear without the pledget to nine inches with it. In both of these cases the connection between the drum and the manubrium was still maintained by a narrow strip of the former across the orifice.

I will state, in conclusion, that the washing of the decks after a fight seems to remove immediately all the irritating gas in the atmosphere, and that relief is immediate when the hands and face are dipped in water during the action.

The concussion from the twelve and eight-inch guns is like a heavy blow from a long, blunt body. From the four-inch and six-pounders it is sharper and, at the instant, more disagreeable; but the two cases of perforation found by me were from the eight-inch, which was fired immediately over the gun on the deck below. In both of these cases the men were knocked down.

ANNOUNCEMENT.

The American Laryngological Association will hold its twentieth annual meeting in Chicago on May 22, 23 and 24. Dr. W. E. Casselberry, of Chicago, is President and Dr. H. L. Swain, of New Haven, Secretary. All interested in laryngology are invited to attend.

SOCIETY PROCEEDINGS.

NEW YORK ACADEMY OF MEDICINE.

SECTION ON LARYNGOLOGY AND RHINOLOGY.

Stated Meeting, March 22, 1899.

Robert C. Myles, M.D., Chairman.

Multiple Papillomata of the Larynx.

Dr. Francis J. Quinlan presented a multiple papillomata of the larynx, consisting of 93 separate and distinct papillomata. They had been removed from a girl, twenty-three years old, who had been absolutely voiceless for a year and a half. Every part of the larynx had seemed to be covered with these masses. After nipping them off, he had been able, with the aid of alcohol treatment, to make some progress. A 10 per cent solution of salicylic acid in absolute alcohol had been rubbed in on the denuded surface left after the operation. For the past six weeks the girl had not only had a speaking voice, but a singing voice. The case had also been seen by Dr. D. Bryson Delavan, and the prognosis given had been very gloomy.

Laryngectomy for Malignant Disease.

Dr. Franck C. Ard, of Plainfield, presented a colored woman who had recovered from two radical operations on the larynx for malignant disease. She was forty-one years of age, and had been referred to him in June, 1898. At that time she had complained only of hoarseness. The family history was good, and there was neither history nor evidence of syphilis. She had always enjoyed good health, with the exception of attacks of tonsillitis. Laryngoscopic examination had revealed an irregular, reddish mass situated just above the anterior commissure of the vocal cords and projecting into the cavity of the larynx. There was no infiltration of the surrounding tissues, no ulceration, no dyspnea and no evidence of glandular infection. At the time the growth had been looked upon as a papilloma. Within a few weeks a troublesome cough had developed. The growth had been removed with the Mackenzie forceps in the latter part of July. He had not again seen the patient until September, when she had stated that for several weeks after the operation she had been very much improved, and that then all the symptoms had returned. Examination had shown a recurrence of the growth at the original site, and of about the same size as the first one.

Specimens from the first tumor had been submitted to several pathologists for examination, and they had reported it to be a typical epithelioma. Owing to the localized character of the growth, it had seemed to be favorable for a radical operation. On November 24, 1898, a partial laryngectomy had been performed by Dr. George E. Brewer, and the patient had left the hospital in about two weeks. Shortly afterward an examination had revealed what was supposed to be granulation tissue, but it had soon proved to be a recurrence. On February 19 the patient had been in such a condition that, after consultation, extirpation of the larynx had been advised, and had been performed by Dr. Brewer according to the Solis Cohen method. After coming out of the anesthetic the patient's condition had been excellent. The tube in the tracheotomy wound had been retained for forty-eight hours, and then removed because of irritation, and the patient had been allowed to breathe through the trachea, which had been sutured to the wound. For the first four days she had been nourished by rectal alimentation, and then small quantities of milk and vichy had been administered by the mouth. At the present time the patient could communicate her wants in a whispered voice.

Dr. Jonathan Wright said that this operation had always appealed to him as a very excellent one where it seemed wise to remove the larynx. The old method of trying to keep open the passage by an artificial larynx was needless, and should be condemned because it caused undue irritation and yielded no better results than where this was not done. The most puzzling thing about the case was that the patient could produce articulate sound. It was ordinarily supposed that considerable exertion was necessary to talk, but it would seem from this case that very little exertion was sufficient to set the air into the requisite vibrations. The small amount of air which this patient was now able to expel by means of her pharyngeal muscles was yet able to set up enough vibration to produce distinct articulate sound.

Dr. M. Lederman said that about nine years ago he had seen in Philadelphia a physician from whom the larynx had been removed for epithelioma. This man wore a vibrating reed, which could be removed at will. The man had a distinct voice, which could be heard across the room, but, of course, it was a monotone. The tracheotomy tube formed a receptacle for the organ-reed used.

Dr. Emil Mayer remarked that he had had an opportunity of seeing this case before the removal of the larynx. Such cases always raised the interesting question of the extent of the operation and also the question of recurrence.

Dr. F. J. Quinlan said, with reference to the labial sounds in these cases, that they were produced in the rhino-pharynx with the aid of the tongue and soft palate. He had at the present time under his care a patient with double adductor paralysis on whom tracheotomy had been done. Although there was absolutely no communication between the larynx and the cavity of the mouth, the man was able to speak better that the patient just presented.

Dr. E. L. Meierhof remarked that about one year ago an article had been published by an experienced operator, in which it had been advised that a preliminary tracheotomy be performed, and the operation itself should be done at a later period. Personally, he believed that a preliminary tracheotomy was preferable.

Dr. Myles said that a few years ago he had presented to this Section a case parallel to the one of Hickey. The operation had been done by Dr. Bodine. The man had had a fairly good whispering voice, produced by the air moving over rough places near the base of the tongue, and then was coined into speech by the lips, tongue, etc. Hickey made for himself vocal cords by a puckering up of the pharyngeal wall above the esophageal opening.

Dr. George E. Brewer said that in these cases everything seemed to depend upon the after-treatment, and he was satisfied that this woman would have died very quickly if it had not been for the excellent nursing which she had received. The majority of these cases died from septic pneumonia, because of the great difficulty of preventing septic infection. The continuous application of hot boric acid solution on compresses, and incessent toil had yielded the present good result. It was fortunate that in this case the diagnosis had been made so early as to allow of the easy removal of the larynx. If the precaution were taken to ligate the two superior thyroid arteries at the beginning, it was practically a bloodless operation.

Dr. Ard, in closing the discussion, stated that preliminary tracheotomy had been done at the time of the partial laryngectomy, but at the time of the complete removal of the larynx, tracheotomy and the radical operation had been done on the same day.

Sarcomata of the Nose.

Dr. Ard then presented a patient whom he had first seen in March, 1897. There had been at that time a history of some nasal obstruction for some weeks previously. Examination had revealed a freely movable tumor of the right nostril, which bled easily. A fragment had been examined, and pronounced to be sarcoma. The tumor had been removed, and there had been no recurrence.

Sarcoma of the Antrum of Highmore.

Dr. Wolff Freudenthal presented a woman, fifty-six years of age, who had been in good health up to a few weeks ago, when breathing through the right nostril had become difficult. At the same time, a swelling had appeared on the cheek, which she thought was an abscess from a decayed tooth. There was a tumor of the nose, which seemed to be connected with the antrum of Highmore. On attempting to remove it by the snare, the bleeding was very free, even after the application of cocain and suprarenal extract. The patient had then begun sneezing so violently that he had to remove a portion of the tumor with the guillotine, and had found it to be sarcoma.

Dr. Thomas J. Harris presented, in connection with his paper, a patient having a sarcoma exhibiting certain unusual features. At the present time it appeared as an ordinary hypertrophic enlargement of the posterior end of the middle turbinate, but as it had repeatedly recurred, and had been carefully examined, the diagnosis of sarcoma seemed well established.

Frontal Sinus Disease.

Dr. Robert C. Myles presented two cases of frontal sinus disease. One, a man, aged thirty-four, had had seven skillful operations by general surgeons. There seemed to be a kind of malnutrition of the bone, due originally to syphilis and the disease had extended gradually until most of the anterior part of the frontal bone had disappeared. It had occurred to him that by skin grafting over the necrosed area on the head, it might be possible to improve the surface nutrition, and so excite a healthy healing process. He had made a horseshoe incision about three inches long, through the scalp and removed a part of the outer table down to the diploe. And after thorough curettage of the flap, scraping and chiselling the roughened bare bone, had succeeded in getting union by first intention over an area about as large as the palm of the hand.

The second case was that of a physician who for ten years past had suffered agonizing headache and pain in the eyes. When first seen, there had been decided bulging of the right anterior ethmoidal cells, and the pus, which was oozing out, indicated a necrosis of the bone. He had removed the anterior end of the middle turbinal and part of the ethmoidal cells and torn out the floor of the sinus with his jack screw turtle-beaked forceps, a quantity of fetid pus was brought away by irrigation. He had then injected liquid albolene containing about fifteen grains of iodoform to the ounce. Within

two days all pain had ceased. The return flow from washing out the frontal sinus now was free from pus. The case was interesting as showing what could be done by adequate drainage even in a case in which an external operation seemed to be indicated.

Dr. Wright said that he had recently operated upon a frontal sinus case of some interest. The case had lasted for two or three months, and pus was coming out from the infundibulum. The maxillary sinus had also been full of pus, as determined by transillumination. He looked upon frontal sinus as the primary seat of the trouble. The man had a very high deviated septum, making it very difficult to secure drainage even after operation upon the frontal sinus. An Ogston-Luc incision had been made, and the sinus had been trephined. This allowed of the escape of pus. With the probe an opening was made into the nose, and the large tube inserted. The outer wound was closed, with the hope of getting primary union. The wound did heal at first, and then a sinus formed owing to a small piece of cotton having been caught in the wound. In such a case, owing to the secretion of pus above, one did not dare to introduce splints for straightening the septum, and yet if this were not done it was next to impossible to secure the necessary drainage.

Dr. Emil Mayer thought it might be well in such a case to bring the septum over with the Asch forceps without doing a cutting operation, and inserting a tube. He had seen cases of deviation of the septum, which could not be operated upon at the time, keep well over in position by the use of the tube in this way.

Dr. Wendell C. Phillips thought that in discussing these chronic inflammations of the accessory sinuses the fact should not be lost sight of, that there were a number of acute inflammations of these cavities. The temptation was to operate immediately, but if the history pointed to a fairly acute inflammation, it seemed to him good surgery to postpone operation until nature had had a sufficient time to repair the damage. He had had within the last few weeks two cases of acute inflammation of the frontal sinus, and they had both done well without operation.

Dr. Meierhof congratulated Dr. Myles on the excellent result obtained in the case of the physician with frontal sinus disease. It taught a very important lesson, *i. e.*, that the chief object to be sought was through drainage, and that with this, nature would remove the enormously thickened masses. He had seen Jansen, in Berlin, doing a number of operations, which consisted really in excising the anterior wall of the antrum of Highmore. This operation was followed by considerable deformity, although not externally visible, but was opposed by many of Jansen's colleagues.

Primary Sarcoma of the Nose, with a Report of Five Cases.

Dr. Thomas J. Harris read a paper with this title. After detailing the histories of his cases, he stated that he had found reports of fifty-seven other cases since Bosworth had made his report of forty-one cases, thus giving a total of 103 cases of primary sarcoma of the nose. It was extremely probable that some of these cases had resulted from the crude and rough methods of removing polyps. In eighty-seven of the cases the age had been given, and it showed that fully 25 per cent of these cases occurred between the ages of forty and fifty, and that neither youth nor extreme old age was especially liable to this disease. Spindle cell and round cell sarcoma appeared with about equal frequency in the different decades, and next in frequency came myxosarcoma, melanosarcoma and fibrosarcoma, in the order mentioned. In more than one-third of the cases the origin was on the septum, and more than one-fourth of the whole sprang from the cartilaginous septum. In thirty-one of the 103 cases epistaxis had been especially mentioned, and had often been the earliest symptom noticed. Pain had not been a constant symptom. Sarcoma limited to the septum was free from pain. The tendency to spread rapidly was particularly true of sarcoma of the nose, but it was least rapid in those arising from the septum. Nasal sarcoma usually appeared as a tumor of the size of a small hazel nut, in many instances attached to the cartilaginous septum. It was usually of a bright red color, was attached by a pedicle, and bled easily when touched. The diagnosis must rest largely upon microscopical examination, although this was open to many sources of error. Sarcoma must be distinguished from hematoma, abscess and mucous polyp, but especially from epithelioma and carcinoma. Epithelioma appeared as a fungus ulcerating growth, and it, like carcinoma, was usually associated with a peculiar cachexia, and with enlargement of the neighboring lymph nodes. In thirty cases there was a record of recovery, giving a recorded mortality of 46 per cent, but this was almost surely less than the true figure; it was probably considerably more than 50 per cent. The different varieties shared about equally in the number of recoveries, the spindle cell variety having a few more to its credit. Statistics seemed to indicate that the round cell variety was the most malignant. Of the thirty cases reported as cured, thirteen were operated upon by the radical method, and fifteen by the intranasal method. The speaker said if the tumor were situated well anteriorly and attached to the septum, an intranasal operation was indicated, and afforded as good a prognosis as the other.

Dr. M. D. Lederman said that he thought all rhinologists could

indorse the conclusions given in the paper from a clinical standpoint. All of the three or four cases that he had seen had been under forty years of age. Age played an important part in connection with the prognosis. The cases reported in literature as cured had usually been situated anteriorly. Hereditary predisposition on the part of the patient and catarrhal states of the nose probably had a good deal to do with the development of these neoplasms. Their insidious development prevented the early recognition and treatment of the disease. The more normal tissue found in the growth on microscopical examination, the better the prognosis. In regard to traumatism associated with removal of polyps as an etiological factor in sarcoma of the nose, the speaker said that there were sufficient observations to indicate that this was quite possibly one of the causes. The operative treatment should not be postponed too long while attempts were made to control the disease with Coley's toxins. In many cases of sarcoma of the nares there was little or no glandular enlargement; it was only when the growth extended far backward that this was at all prominent. In one case, ligation of the external carotid on both sides had been done by Dr. Dawbarn. There had been an interval of a few days between the two ligations, and when seen a few months later, the growth was about one-third of its former size. Subsequently there had been a radical and extensive operation demanded, which was performed by Dr. Dawbarn, and the patient had been doing well when last seen, about eighteen months after. In this case, the growth had been a small round cell sarcoma, with very little intercellular substance.

Dr. Phillips said that when many of these cases were first seen, it was difficult to determine the original location of the tumor. In a considerable proportion of the cases of sarcoma of the nose there was evidence that the disease had originated elsewhere, as for example, in the antrum. There was a rare class of cases in which the disease originated in the ethmoid cells, or in the sphenoid cells. He was of the opinion that primary sarcoma of the nose was a rare condition. Age certainly played an important part in the etiology of the disease; very many cases made their appearance between the ages of forty and forty-five years. The disease sometimes made its appearance in infants, or very young children, and in these there was commonly a history of traumatism. In the cases that had come under his observation the prominent symptoms had been epistaxis and pain, but these cases had been in the later stages, and the pain was probably the result of pressure. A case should not be reported as permanently cured until three years had elapsed.

Dr. Wright said that the two Italian observers had elaborated the question of the comparative benignity of sarcoma of the nasal septum—a point which had interested him for some time. These observers, working independently, had drawn attention to a large number of cases of sarcoma of the septum, in which, according to the records, recovery had taken place. In all but one or two of the cases coming under his own observation, recovery, so far as he knew, had taken place. The differential diagnosis of small round celled sarcoma in the nose was exceedingly difficult because of the great difficulty of distinguishing between it and syphilis. Many cases of sarcoma showed a decided diminution for a few weeks under the administration of the iodides. He had never seen a case in which after careful inquiry he could feel sure that a growth, originally benign, had become malignant.

Dr. Quinlan said that he had had under observation an angioma of the nasal septum and a fibrosarcoma of the terminal body. Both had recurred as sarcoma. In one there had been no recurrence for four or five years; then an erosion had formed, and the growth had recurred. At the time of the second removal it had been found to be a sarcoma. He had previously reported to the Section the case of a woman from whom an ordinary mucous polypus had been removed. Three years later she had returned with an enormous osteosarcoma involving the entire antrum and floor of the orbit. Ligation of the carotid was an old procedure, and had been successfully resorted to, and reported, by Dr. J. D. Bryant.

Dr. Myles referred to a case in which microscopical examination of a growth of the cartilaginous septum had shown it to be a sarcoma. It was of a bluish-gray color. On incision, large blood-clots had escaped. Microscopical examination of the masses showed nothing but organized blood-clots. The patient would not consent to an operation on the septum. If early operation had been permitted, he thought the patient would have recovered.

Dr. Harris closed the discussion. He said he believed more than one-half of the cases originating from the cartilaginous septum had been reported as cured. He had not excised a part of the cartilage of the septum in either case, yet both had been cured, one for three years. However, in the future he would prefer the removal of a portion of the cartilaginous septum.

EDITORIAL STAFF.

ABSTRACTS AND BIBLIOGRAPHY.

I. NOSE.

The Etiology and Diagnosis of Empyema of the Accessory Sinuses of the Nose.—SCHADLE—*The St. Paul Medical Journal*, January and February, 1899.

The author has given the profession a reproduction of eleven sections of the sinuses accessory to the nasal cavity, and it is owing to their excellency and the importance of the part these accessory cavities play in the course of all the severe forms of nasal inflammation and infection that they are reproduced *in toto*.

Until the last few years but few of the rhinologists paid any particular attention to the influence of these cavities upon rhinitis, either chronic or acute, and to the profession at large this region was a *terra incognito*.

As the author states: "As the result of anatomical and bacteriological investigations our knowledge has materially increased regarding the causes of the purulent diseases of the accessory sinuses of the nose. * * * In exactly what way infectious diseases superinduce disorders of the accessory cavities is not clearly understood. Judging from the information at hand it seems probable that an infectious disease only creates an exaggerated disposition for inflammation which becomes aggravated through the presence of some form of bacteria previously existing under normal conditions of the nasal fossa."

The author inclines, with Zuckerkandl and others, towards the acceptance of the idea of nasal origin of the inflammatory conditions of the various sinuses.

The treatment advocated is, of course, re-establishment of the natural communication between the cavity affected and the nasal fossa, with its resultant drainage, where such is anatomically possible, and such local and constitutional treatment as may be indicated. Very often it is necessary to resort to surgical proceedure, and then it is that the study of such plates as are here reproduced will be found of great value.

Many brilliant results have been reported from operative procedures in empyema of the accessory cavities; results that have added greatly to the local or national reputation of the operator and conduced, in no small way, to a plethora of the pocket book. In many of these cases a careful study of the symptoms present, at the time of operation, and after operation lead one to believe that a proper handling of local applications to the nasal mucosa, with a proper understanding of the anatomical and physiological relationship of the parts would have obviated the necessity of any operative procedure. It is true, the relief would not have been so instantaneous, if one might use such an expression, but it is equally true that the result attained would have been better for the patient in many cases.

In these days of frequent and early operative procedure it is not uncommon to find patients reporting for treatment for amelioration of results of too extensive or ill-advised surgical interference. Much of which would have been avoided had the physician thoroughly understood his anatomy. In fact, so important, is the thorough knowledge of the relationship of these cavities that no rhinologist's education should be considered at all complete until he has made numerous sections of the head through its various planes.

RUMBOLD.

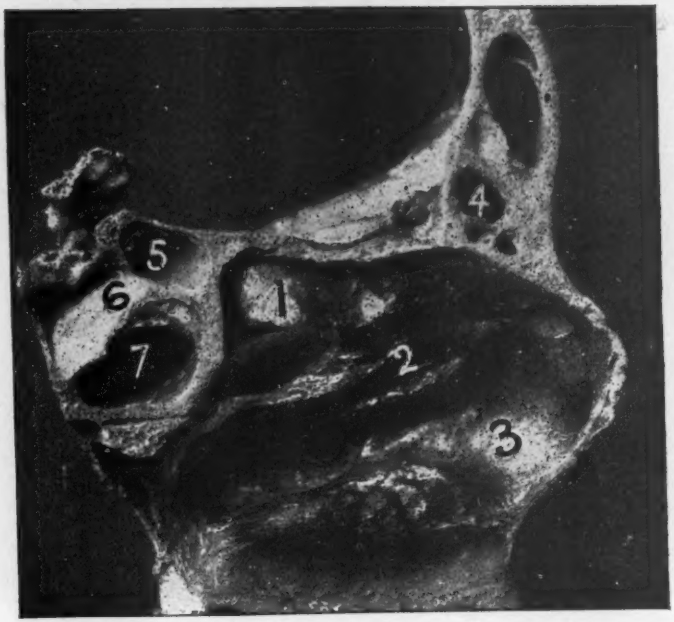


PLATE 1. An osseous preparation of a nasal fossa: (1) Superior turbinate; (2) middle turbinate; (3) inferior turbinate. At (4) frontal sinus and (5 and 7) sphenoidal sinus with osseous partition (6).

PLATE 2. Represents an osseous preparation in which the turbinated bodies have been removed, showing (8) frontal sinus obliterated; (9) infundibulum; (10) hiatus semilunaris; (11) anterior ethmoidal cell; (12) posterior ethmoidal cell; (13) recessus spheno-ethmoidalis and (14) sphenoidal sinus.

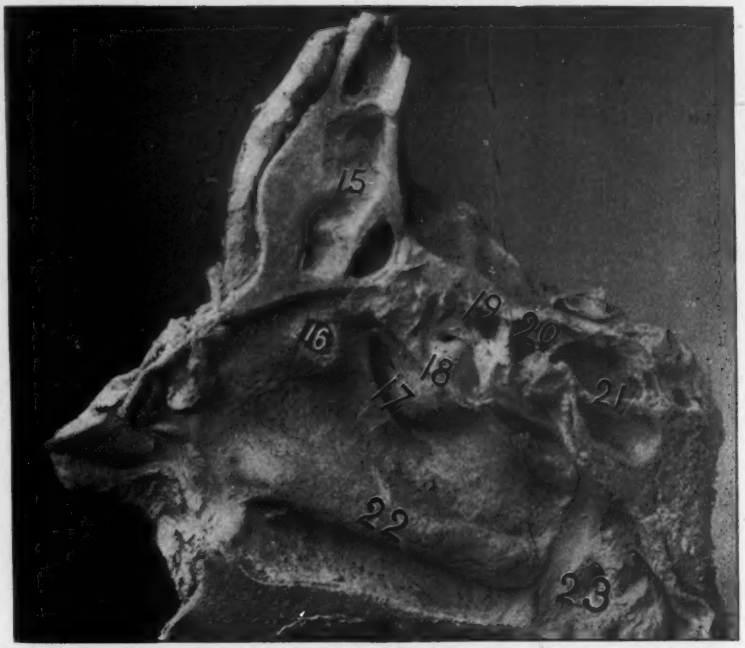


PLATE 3. Wet preparations in which middle and upper turbinates have been removed; showing (15) frontal sinus septum; (16) infundibular cell; (17) hiatus semilunaris; (18) bulla above which is the opening of anterior ethmoidal cells; (19) anterior ethmoidal cells; (20) posterior ethmoidal cells; (21) sphenoidal sinus with septal partition; (22) inferior turbinate; (23) eustachian orifice.

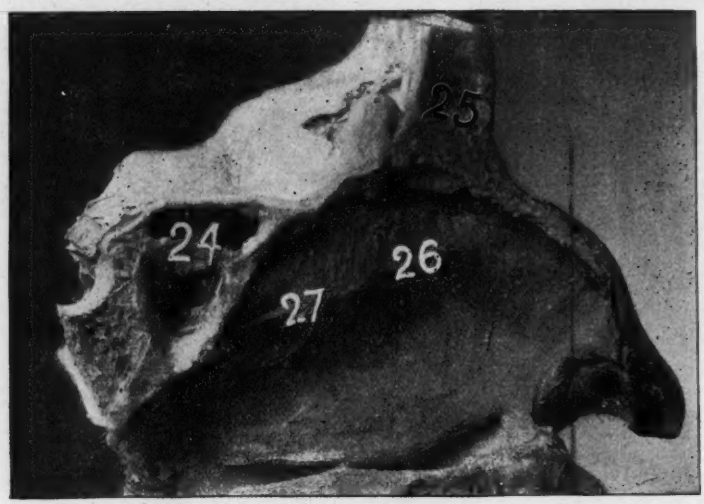


PLATE 4. Wet preparation; middle turbinate removed; (25) defective frontal sinus; (26) hiatus semilunaris; (27) position of opening of posterior ethmoidal cells; (24) sphenoidal sinus divided by septum into an upper and a lower cavity.

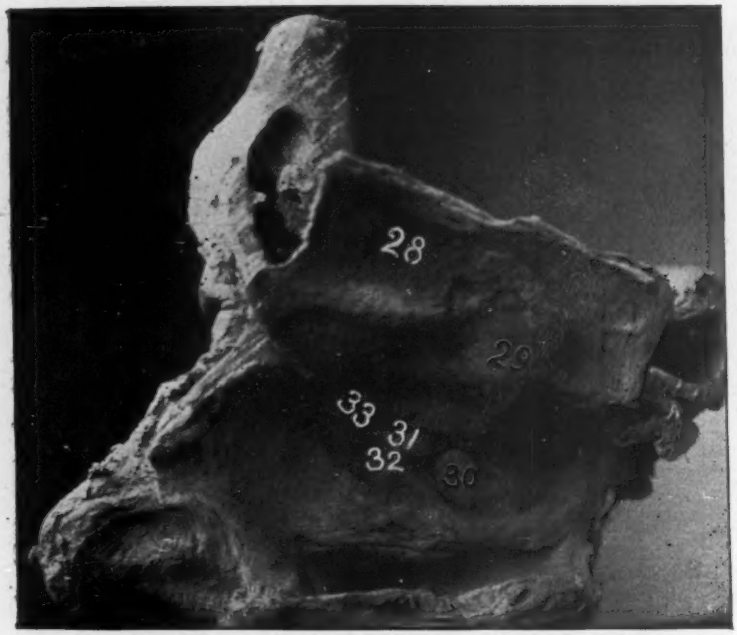


PLATE 5. Represents a preparation in which the septum (28) is detsched from its palatine attachment and turned up, showing (33) hiatus semilunaris and infundibulum; (32) uncinate process; (31) bulla ethmoidalis; (30) accessory ostium maxillare abnormally large; (29) shows atrophy of the septum due to pressure.

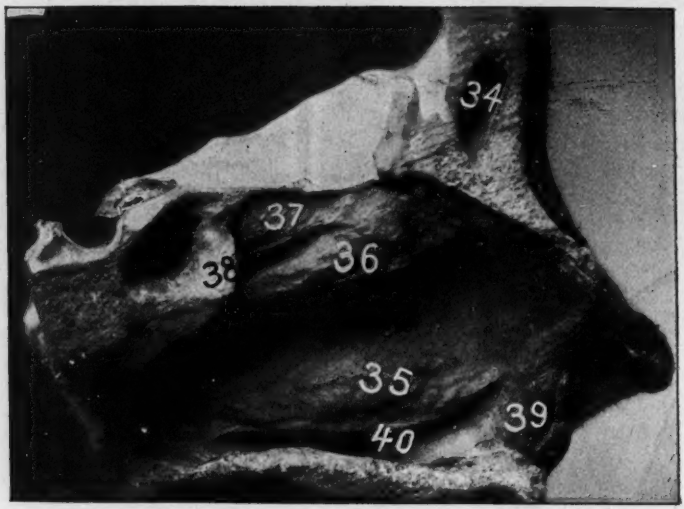


PLATE 6. Represents a normal outer wall of a nasal fossa; (35, 36 & 37) turbinated bodies; (34) frontal sinus; (38) recessus spheno-ethmoidalis; (39) entrance of lower meatus; (40) position of nasal duct.

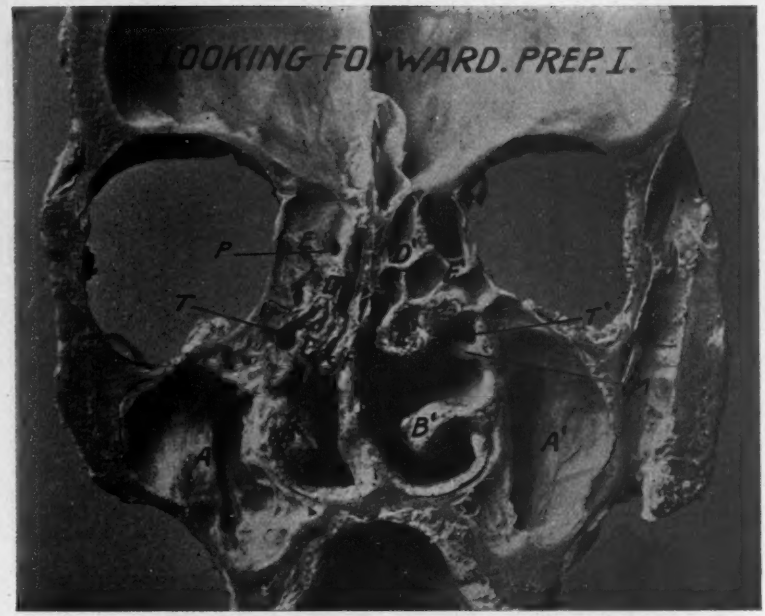


PLATE 7. A and A′ antrum of Highmore; B and B′ inferior turbinate; C and C′ middle turbinate; D and D′ superior turbinate; E and E′ septa of anterior ethmoidal cells; F septum nasi — showing marked deviation; P opening to anterior ethmoidal cell; T and T′ hiatus semilunaris; M bulla ethmoidalis and S septal spur or exostosis.

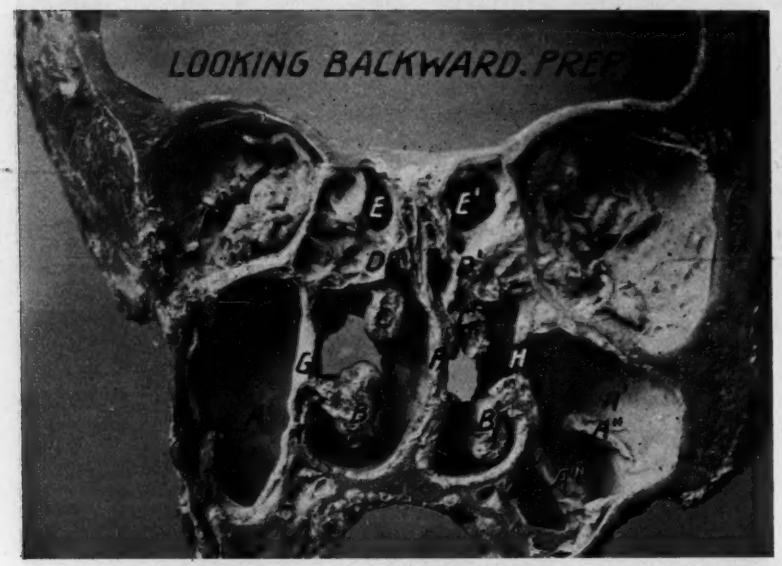


PLATE 8. A and A′ antrum of Highmore; A″ and A‴ — showing rudimentary septa of the antral cavity; B and B′ inferior turbinate; C and C′ middle turbinate; D and D′ superior turbinate; E and E′ sphenoidal sinus; F septum nasi; C inner wall of antrum and H opening of antrum.

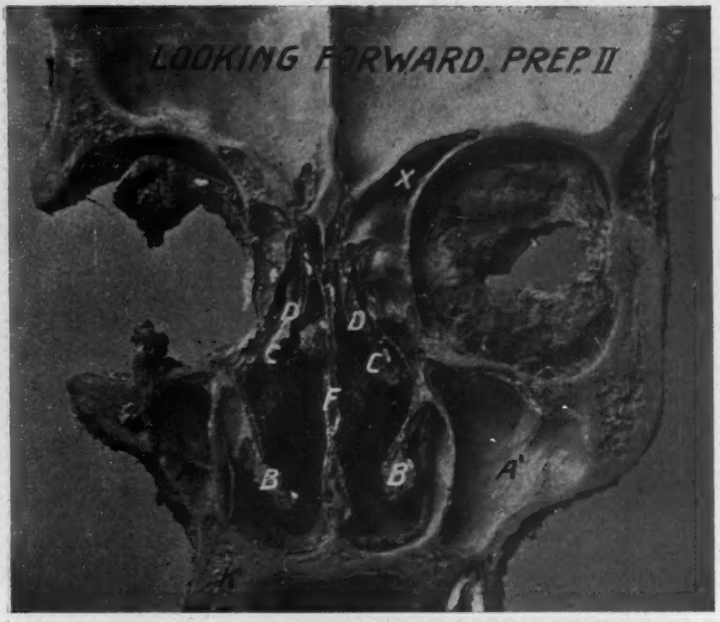


PLATE 9. A and A′ antrum of Highmore; B and B′ inferior turbinate; C and C′ middle turbinate; D and D′ superior turbinate; X frontal sinus; K and K′ alveolar process; and F septum nasi.

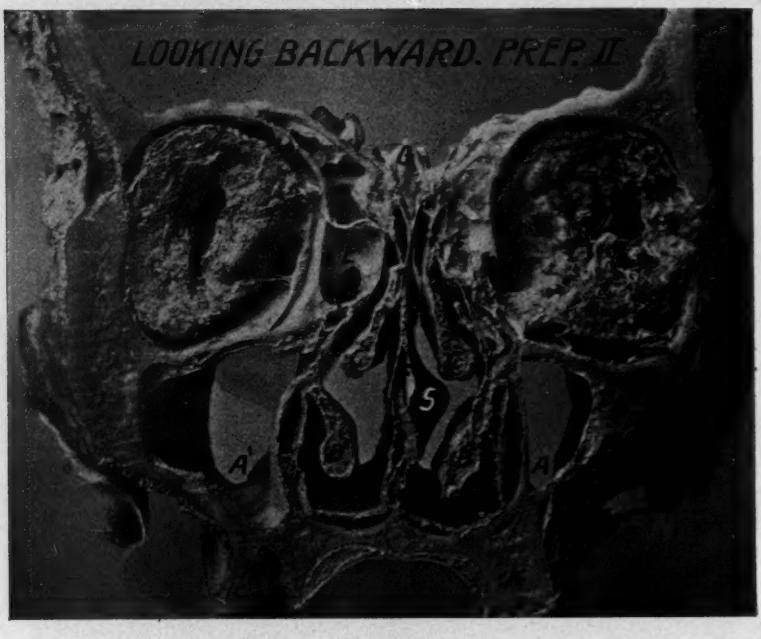


PLATE 10. A and A′ antrum of Highmore; B and B′ inferior turbinate; C and C′ middle turbinate; E and E′ posterior ethmoidal cells; L septum; F septum nasi; S septal exostosis; G crista galli; and K and K′ alveolar process.

This preparation illustrates in an interesting way the variability in extent of the antral cavities and also shows how the thickness of the alveolar process (K and K′) of one antrum in the same subject may differ from that in the other.

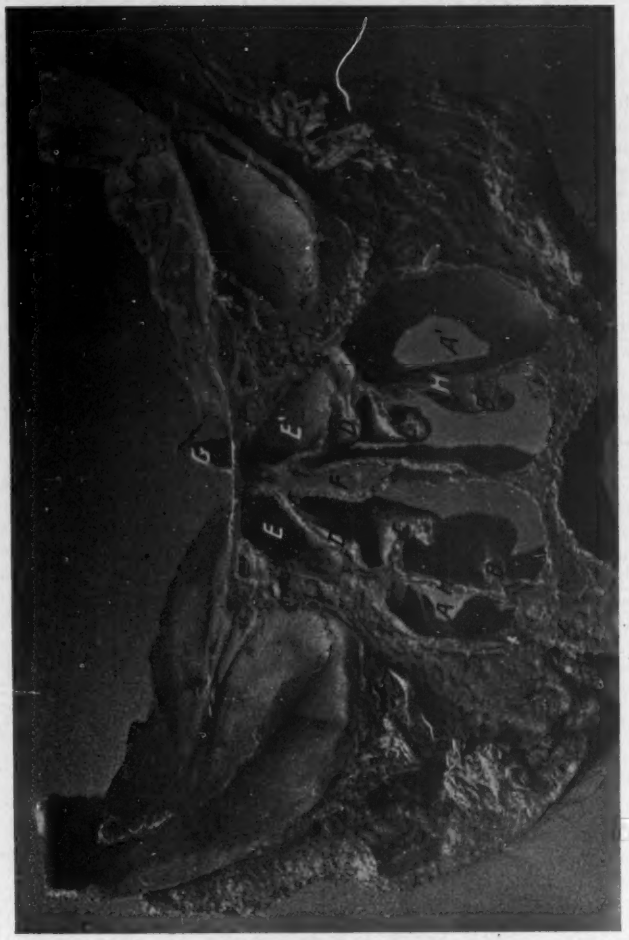


PLATE 11. A and A′ antrum of Highmore; B and B′ inferior turbinate; C and C′ middle turbinate; D and D′ superior turbinate; E and E′ sphenoidal sinus; F septum nasi; G crista galli; and H intra-nasal wall of antrum of Highmore.

This plate represents a wet-preparation in which the intra-nasal structures are about normal so far as their anatomical construction and relationship are concerned. The antral cavities (A and A′) vary in size.

General Consideration of Mucous Membranes of the Upper Respiratory Tract—D. BRADEN KYLE, Philadelphia—*International Medical Magazine*, January, 1899.

The mucous membranes of the respiratory tract or elsewhere are influenced directly by local irritants, or the local irritation may be due to some constitutional diathesis. These facts necessitate a thorough knowledge, not only of the histology and pathology of the mucous membrane, as well as of the adjacent and allied structures, but also of remote organs which, through their deficient or perverted functions, may produce secondary lesions of the mucous membrane. The rational treatment of diseases of the upper respiratory tract, then, involves a knowledge not only of special structures, but of the entire body, the peculiar interrelation of the individual parts, and especially the peculiarities of individuals.

Mucous membranes are supported entirely by underlying connective tissue, on the character of which the membrane's function and its resistance to disease largely depend. If this structure be fixed, as it is in the nose and upper air tract, by bony or cartilaginous framework, when the mucous membrane is engorged or inflamed, the distension must of necessity be in the direction of the cavity which it lines, thus encroaching upon the lumen of this cavity.

Inflammatory processes of the mucous membranes rapidly pass into the exudative stage. Any interference with the systemic circulation, either arterial or venous, in which the blood is either actively or passively in excess in the tissue, may bring about almost the same clinical phenomena as are observed in an acute inflammation. The prognosis and treatment would be vastly different in the two conditions.

On account of faulty elimination, irritating material may be found in the blood, and the mucous membrane being a dependent and sensitive structure, will very soon show the effects of such irritants. This is especially seen in the gouty and rheumatic diathesis. In such cases how useless it would be to treat the local symptoms without correcting the faulty elimination. (To be continued.)

McLEAN.

Prophylaxis in Diseases of the Nose and Throat—J. HOMER COULTER—*The Chicago Clinic*, January, 1899.

Coulter sums up his article as follows: "Anything which produces an alteration in the normal physiological metabolism in the mucous membrane of the nose and throat; any alteration in the nutrition of the parts; any abnormal variation in functional activity, or any considerable change in the histological anatomy, are each and all remedial, surgically or otherwise, and are therefore amenable to our prophylactic efforts in behalf of our nose and throat patients."

McLEAN.

On the Shape of the Facial Bones, Etiology and Therapy of Congenital Stenosis of the Choanæ—HEINRICH HAAG—*Archiv fuer Laryngologie*, Band ix, Heft 1, 1899.

This very interesting paper gives the history of three cases of congenital stenosis of the choanæ, together with most complete and careful data in regard to the condition of the mouth, nose and ear.

A most admirable table of sixty-eight cases of choanal atresia is given. Of these twenty were bilateral. In a large proportion of the cases there was present a very highly arched condition of the hard palate. The view held by many that this high arch is caused by mouth-breathing is controverted by the author, who contends that it is the result of embryological defect, caused probably by the same forces that produced the bony diaphragm occluding the nostrils.

Contrary to what might be expected, there was an extreme widening of the nostrils in many cases. The face is of the long and narrow type. In those cases, however, where the palate was not markedly arched the face was broad. As to the embryological details of the genesis of the condition, opinions vary widely. Some regard the cases as somewhat analagous to the arhinencephalous monsters. The author, however, agrees with Hochstatter in regarding the diaphragm as a persistent membrana naso-buccalis which has been pushed backward in the course of fetal development. The bony framework of the lower turbinal body was small and delicate in all the author's cases. The anosmia which was invariably present, disappeared after operation in his own cases, but this is not the experience of all operators.

Finally it may be stated that the hearing seemed not to be at all affected by the stenosis.

At the time of the operation it was discovered that in all of the author's cases the diaphragm was in part membranous. The bony part was removed with a chisel and sickle-shaped knife. To prevent injury to the posterior pharyngeal wall, the operator's finger was introduced into the post-nasal space during the cutting. In several cases, where the opening showed a tendency to close after a longer or shorter period of time, the removal of the lower portion of the posterior edge of the septum obviated the difficulty.

VITTUM.

Deformities of the Septum Narium; their Classification with a View to Treatment—W. E. CASSELBERRY, Chicago—*Journal Am. Med. Assoc.*, March 4, 1899.

The author divides the subject into:

1. Excrescence or spur of the septum. Cartilaginous spur. Mixed cartilaginous and bony spur. Bony spur.

2. Deviation of the septum. Cartilaginous deviation. Mixed cartilaginous and bony deviation. Bony deviation.

3. Combined excrescence and deviation of the septum.

In the treatment the author rehearses the usual methods in vogue for such deformities.

STEIN.

A Contribution to the Histology of the Cartilaginous Septum with Special Reference to Habitual Nosebleed—ZACHARIAS DONOGANY—*Arch. für Laryngologie*, Band ix, Heft 1, 1899.

The researches undertaken by Donogany were made upon a hundred cartilaginous septa removed by him for that purpose. These embraced both normal and pathological specimens. His attention was particularly given to the structure of the septum in the region of Kiesselbach's point, where the pavement epithelium ends and the ciliated epithelium begins.

The gist of his conclusions is this: That underlying all soft structures and resting upon the cartilage itself is a network of large blood vessels which may be likened to the corpus cavernosum. In atrophic condition of the septum the cartilage and the epithelium disappear, leaving the latter resting upon the perichondrium. Under these circumstances the network of large blood vessels is protected only by the layer of epithelium, and is necessarily exposed to mechanical insults from without (digging with the finger nail, etc.). We have here all the conditions which are necessary for the production of habitual nosebleed. VITTUM.

Nasal Obstruction and Ear Affections—MAYO COLLIER—*Lancet*, October 15, 1898.

The article gives an explanation of the manner in which nasal obstruction affects the Eustachian tubes. The importance of treating nasal obstruction and the accompanying catarrh is pointed out as a necessary first step in the majority of aural affections.

STCLAIR THOMSON.

Congenital Atresia of the Choanæ—R. KAYSER—*Wiener Klin. Rundschau*, March 12, 1899.

Kayser relates a case of unilateral atresia and makes some remarks on the condition in general, but offers nothing particularly new. VITTUM.

Nasal Disease as the Cause of Chronic Disturbance of the Lachrymal Duct—BENJAMIN RISCHAWY—*Wiener Klin. Wochenschr.*, March 16, 1899.

In this paper the author continues the report of his investigations as to the relationship between middle turbinal enlargements and lachrymal obstruction, which he began at a meeting of the Vienna Laryngological Society held February 9. In this paper he adds the histories of thirteen cases. While it is generally conceded that hypertrophy of the lower turbinal or any cause which tends to fill up the lower meatus may result in obstructing the mouth of the lachrymal duct, yet the author wishes to emphasize his view that middle turbinal troubles may also obstruct the canal by direct pressure in the course of its passage through the upper part of the nasal walls. VITTUM.

The Relation between Chronic Disease of the Lachrymal Duct and Nasal Disease—BENJAMIN RISCHAWY—*Wiener Klin. Rundschau*, February 19, 1899.

The author's attention has been drawn to the fact that in many cases of stenosis of the lachrymal duct there is also present a hypertrophy of the middle turbinal. He at first thought this mere coincidence; but, having occasion to remove the anterior extremity of the middle turbinal in one of these cases, he found, to his surprise, that the stenosis of the lachrymal duct was very much relieved. This led him him to investigate carefully the anatomical relations existing between the two structures. He found that at the junction of the turbinal and lachrymal bones, as well as at other points along the duct wall, there were frequently present gaps where the bones did not fit closely into each other. Also that where the entire wall is intact it is so thin that compression of the duct is easily occasioned by a hypertrophied middle turbinal. He advises, therefore, that in many cases of stenosis of the duct, removal of the middle turbinal should be practiced as a preliminary operation before the case passes into the hands of the oculist. VITTUM.

Lupus of the Nose—WYATT WINGRAVE—*Jour. L., R. et O.*, March, 1899.

Symptoms of nasal obstruction with discharge of five years' duration were complained of by the patient, a female, aged thirty-one years. The nasal fossæ were found occupied by granulations, which extended as high as the middle turbinals. The cartilaginous septum was perforated and there was some evidence of old pathological changes in the soft palate. No specific history could be elicited. Examination showed no bacilli, but presented the usual features of lupus. LEDERMAN.

Primary Tuberculosis of the Skin of the Nose—EDWARD W. SHIELDS, Cincinnati—*Cincinnati Lancet-Clinic*, March 25, 1899.

No microscopic examination of the lesion had been made, but clinically it presented all the features of a typical case of nasal tuberculosis. STEIN.

Pathology and Diagnosis of Nasal Tuberculosis—MAX GOERKE—*Archiv fuer Laryngologie*, Band ix, Heft 1, 1899.

The author gives an exhaustive description of the histology of a tumor which was removed from the cartilaginous septum. The conditions seem not unusual until the description of the giant cells is reached. These bodies contained large numbers of nuclei, but the interesting peculiarity is the presence of certain bodies in the protoplasm of the cells. These bodies were surrounded by a clear zone between them and the protoplasm. The nuclei of a giant cell having such an occupant, were driven up to one side away from the intruder. These bodies were at times seen lying partly

within and partly without a giant cell. At other times they could be seen lying among the lymphoid cells, and free from the giant cells. In size they varied markedly. Some were no larger than the nuclei of the giant cells, while others were so large as to occupy fully one-half the cell. In shape they are described as being round, oval, dumb-bell shaped, trefoil shaped and ribbon-like.

After giving many references to these bodies, the author concludes from various tests that they are products of degeneration, probably originating from the blood vessels.

The author strenuously urges that, in nasal tumors, the actual presence of bacilli in the tissues be demonstrated before settling definitely upon a diagnosis of nasal tuberculosis. His reason is that even the histological picture of tuberculosis may be deceptive. Giant cells are found in other conditions, granuloma, gumma, carcinoma, etc. The actual presence of tubercle bacilli, on the other hand, completes the diagnosis. VITTUM.

Case of Foreign Body in the Naso-Pharynx—G. A. FISCHER—*Austral. Med. Gazette*, Vol. xviii, No. 2, February, 1899.

The patient had suffered from a very fetid discharge from the right nostril for fourteen months. Previously she had suffered from lachrymal duct trouble. About fifteen months before she was examined, a laminaria tent was inserted into the lachrymal duct, and as part only could be withdrawn again, an attempt was made to push the remaining portion down into the nose, but this did not appear to have been successful. Swelling of the turbinates prevented thorough inspection from the front, but posterior rhinoscopy revealed a thick, dark object lying across the right roof of the pharynx, one end of which was evidently in the right Rosenmüller's fossa. It was removed with a snare, and found to be a thick, swollen piece of sea tangle. Another large piece was dislodged from beneath the right inferior turbinated. EATON.

Partial and Total Rhinoplasty—JOS. PREINDLSBERGER—*Wiener Klin. Wochenschr.*, February 9, 1899.

The author reports two cases with fairly good results. Nothing especially new. VITTUM.

A Contribution to the Study of Rhinoliths—F. MEYER—*Archiv fuer Laryngologie*, Band viii, Heft 1, 1899.

The paper opens with the history of a case which shows nothing of especial importance, except that it is expressly stated that there were no evidences of a gouty disposition. The author then goes at once to theorizing about the cause of rhinoliths in general. He gives a brief review of the literature of the subject, but is not fully satisfied with any of the explanations which have been advanced. He therefore is inclined to think that in addition to the presence of some foreign body in the nostril and in addition to a personal peculiarity, there must be some chemical explanation of this rather uncommon condition. He recalls to our mind the action of super-

saturated solutions of certain salts. How the merest jarring will transform a previously clear solution into a mass of crystals. His reasoning is, that under certain conditions the nasal secretion may really be supersaturated with calcium salts, so that on coming in contact with a foreign body, be it ever so small, crystallization takes place, and here we have the foundation of a rhinolith. Of course we have only to imagine this process repeated a sufficient number of times to produce a concretion of any size. As tending to strengthen his theory of supersaturated secretions, the author cites the well-known deposition of calcium salts in the tympanic cavity. VITTUM.

II. MOUTH AND NASO-PHARYNX.

The Histology and Pathological Anatomy of the Mucous Membrane of the Throat—WM. E. MCVEY—*Med. Monograph*, Vol. i, No. 2, February, 1899.

The design of the author is to give a "short review of the histological structure of these membranes, and of the general pathology of their affections, to facilitate in the mind of the reader the application of some general principles to special disease. * * * Especially the variation of histologic elements, according to the location and function of the membrane." The subject is well presented and instructive. EATON.

Pemphigus and Essential Contraction of the Connective Tissue—THOST—*Deutsche Med. Wochenschr.*, Feb. 9, 1899.

At a meeting of the Association of Physicians of Hamburg, during a discussion of Franke's paper on the above subject, Thost said that this form of chronic inflammation of the connective tissue was of equal interest to laryngologists and otologists. The inflammatory process in the nose, pharynx and larynx led first to the formation of shallow blebs filled with a greenish serous fluid. These blebs burst during the act of swallowing, and leave a little patch of shrivelled membrane. Upon removing this macerated membrane the bleeding cutis is laid bare. Rapid healing without a scar follows. At the same time inflammatory processes are developed deep in the mucous membrane, which lead to narrowing of the lymph channels and produce false membranes on the surface which resemble butterfly wings. These are especially noticeable on the pillars of the fauces and on the epiglottis. Synechiæ form between the septum and the turbinal bodies; also thickenings on the epiglottis and uvula which may resemble tuberculous processes. As in the eye the process shows peculiar malignancy and ends in blindness, so in the larynx many cases of suffocation have been observed. In chronic pemphigus the following may be noticed: The external skin is never involved; no fever; the process generally lasts for years in elderly persons; all treatment is useless. VITTUM.

The Shape of the Hard Palate and its Functions as a Resonator—E. N. MALJUTIN—*Archiv fuer Laryngologie*, Band ix, Heft 1, 1899.

The author having undertaken an investigation into the differences which exist in the form of the vocal organs between those who can and those who cannot sing, was struck by the very marked difference in the shape of the hard palate. He therefore undertook a series of measurements made from plaster casts of the mouths of numerous singers. In a general way it may be stated that all those who are able to sing well are possessed of a deeply arched palate. The other measurements may vary according to the character of the voice, but all possess this high arching dome, which Maljutin is inclined to regard as the most important part of the resonance-producing mechanism. VITTUM.

The Development of Cleft Palate—JUL. TANDLER—*Wiener Klin. Wochenschr.*, February 16, 1899.

A short time ago Fein advanced the theory that cleft palate is caused by the development of adenoid tissue in the vault of the pharynx, which, increasing to an unusual extent, projects between the approaching segments of the palate and prevents their union. The present paper was written to controvert that view. T. cites numerous authorities to show that adenoid tissue is first developed at about the fifth month while the union of the two halves of the palate is completed during the third. He also cites his own observations during his extensive anatomical researches.

His own view is the commonly accepted one, that the tongue is the body which is interposed between the two approaching segments. This view is strengthened by some anatomical specimens which he has obtained, cuts of which are given. The author gives Fein credit for having drawn attention to the very common presence of adenoids in cases of cleft palate, but is inclined to reverse the causal relationship. VITTUM.

Adenoid Vegetations; How and when shall we Operate for Them?—EMIL MAYER, New York—*Journal Am. Med. Assoc.*, March 4, 1899.

The author depreciates the employment of chloroform as an anesthetic. In certain instances he operates without any anesthetic. As a rule, however, complete anesthesia is requisite. He finds satisfaction in the use of the Schleich mixture No. 1, composed of

Chloroform	45 c. c.
Petrolic ether	15 c. c.
Sulphuric ether	180 c. c.

Preferable time for operating is the early morning hour. Preferable place is in the hospital. The anesthetic is administered drop by drop. First forceps are used, followed by a smaller pair. Then the curette, followed by forceps and finally the finger. Patient should be kept in bed twenty-four hours. STEIN.

Chronic Pharyngitis and Chronic Naso-Pharyngitis—Treatment other than Local—T. J. HARRIS—*The Post-Graduate*, March, 1899.

Attention is called to (1) causes of a general nature; (2) to constitutional dyscrasias—rheumatism, gout and anemia; (3) gastro-intestinal disease.

Medication for the above indications must be administered.

For the digestive disturbance, the use of a laxative mineral water is serviceable. In gastric sore throat, Horsford's Acid Phosphate has been recommended. Local treatment, however, is not to be omitted. LEDERMAN.

Inflammation of the Faucial Tonsil—J. E. SAWTELLE—*Med. Monograph*, Vol. i, No. 2, February, 1899.

Contains nothing new. EATON.

Acute Anginas due to the Bacillus of Friedlaender—NICOLLÉ AND HEBERT—*La Normandie Mèd.*, October 15, 1898.

The development of anginas with false membrane is not limited to one micro-organism alone. The bacillus of Friedlaender, for instance, which was first reported by Max Stoos, in 1895, in the throat of a patient with acute angina, increases the number of the various micro-organisms which may cause inflammation of the tonsils and velum palati. All the earlier reports refer to chronic cases, but four recent cases of the acute form have been described.

SCHEPPEGRELL.

A Case of Septicæmia Originating in the Pharyngeal Tonsil—MACHOL—*Deutsche Med. Wochenschr.*, March 9, 1899.

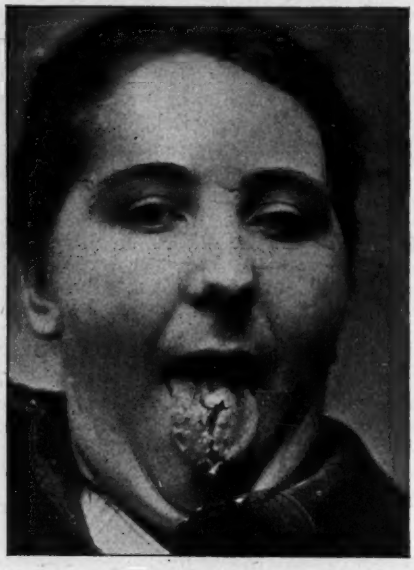
The author describes a well marked case of septicæmia, and is inclined to attribute the trouble to a chronic inflammatory condition of the pharyngeal tonsil. He arrives at this diagnosis by exclusion. VITTUM.

Pharyngeal Adenoids—EDW. PYNCHON—*Med. Monograph*, Vol. i, No. 2, February, 1899.

A clear and able presentation of the subject. Illustrative cuts of the "V-shaped dental arch," with and without projecting canine teeth are given. The curette of Gottstein is the favorite instrument with the largest number of operators, though its exclusive use has been criticised by others. The author also presents an illustration of a curette of his own device, the principal feature of which is that the side pieces are parallel for two-thirds of the way down, and thus far each is provided with an inner cutting edge. "The side blades can never cut when the top blade is being used, and when either side blade is in use neither its mate nor the top blade can do damage." The method of using cutting forceps is also described, which the author considers seldom required in children under five. The danger of hemorrhage is greater, he thinks, after the use of forceps than after the curette. EATON.

Gumma of the Tongue—Wm. S. Gottheil—*International Med. Magazine*, December, 1898.

The author records a case of gummous glossitis in a young female adult, showing an elongated tumor occupying the central area of the anterior part of the tongue measuring one and a half inches in length by three-quarter inches in breadth. The edges and base of the tumor are moderately hard and infiltrated, but no characteristic sclerosis existed. The central part of the tumor was occupied by a ragged deep longitudinal ulceration, covered apparently with florid granulations. The submaxillary glands were



Gumma of the Tongue.

hard and swollen. The tumor had commenced as a simple lump eight weeks before, and had steadily increased in size. The exact time in which ulceration had begun could not be determined. There was no pain and the patient complained only of the discomfort caused by the presence of the tumor in her mouth.

No evidences of past or present syphilis were then nowhere and this with the age of the patient (twenty-four years), her robust health, the fact that she was a modest girl, had been recently married to an apparently healthy husband, seemed to exclude tertiary syphilis. Cancer could be excluded from her age and sex. Primary tuberculosis was excluded from the appearance and course of the

ulceration and the normal condition of her lungs, larynx and general system. The diagnosis lay between ulcerated initial lesion and the softened gumma.

The patient was kept under constant observation, the ulceration increased slowly but steadily in size, the mass became somewhat softer. Eleven weeks after the appearance of the tumor not a single secondary manifestation had shown itself. The diagnosis of the gumma was made and under anti-specific treatment (iodide of potassium, 90 grains, together with small doses of mercury) the tumor rapidly decreased in size, the ulceration healed and three weeks later hardly a trace of the original induration in the tongue could be found and the tumorfied glands were reduced to one-half their former size.

The interesting point in this case apart from the comparative rarity of the affection is the presence of tertiary lesion in a patient so young and presenting not the slightest evidence luetic infection. It has an additional argument, if one were needed, that of the absolute necessity of making the diagnosis in syphilis as in ordinary dermal affections from the objective symptoms alone and absolutely disregarding the anamnesis. GOLDSTEIN.

Adenoid Growths; their Relation to Deaf-Mutism; Reports of Cases—A. C. GETCHELL, Worcester, Mass.—*Journal Am. Med. Assoc.*, March 4, 1899.

Three deaf-mute children were operated on for the removal of adenoid growths. One improved, the other two did not.

From the study of the literature, the writer is of the opinion that the pathologic lesion in every case of deaf-mutism is in the internal ear and that the operation for adenoids or tonsils can be of little material help to the improvement in hearing. But in order to improve the general health of the child, and where there is any probability that the adenoids contribute to the deafness, they should be removed. STEIN.

The Relation of Adenoids to Tuberculosis—O. BRIEGER—*Deutsche Med. Wochenschr.*, March 16, 1899.

At a meeting of the Medical Section of the "Schlessigen Gesellschaft für Vaterländische Cultur," held January 13, Brieger said that in a small proportion of cases tuberculosis could be definitely detected in adenoid vegetations. In a measure he makes this condition responsible for lupus of the nose, and tuberculosis of the middle ear. Ulcerative processes do not usually appear in the adenoids themselves, because the disease is not on the surface, and any pus producing germs that may become located on the parts are destroyed by wandering lymphocytes. VITTUM.

Adenoid Vegetations in the Naso-Pharynx—JOHN O. MCREYNOLDS, Dallas, Texas—*Journal Am. Med. Assoc.*, March 4, 1899.

The index finger is preferred for doing the operation, and without any anesthetic. STEIN.

A Rare Case of Chancre—ORVILLE HORWITZ, Philadelphia—*Dunglison's C. and C. Record*, Feb. 15, 1899.

The case was that of a young man, twenty-one years of age, who noticed a pimple on the tip of his tongue six months before being seen by the author. Two months after, his throat became sore, and his voice hoarse. The patient was anemic and had lost weight. A superficial ulceration on the tongue was seen, with enlargement of the glands in the side and back of the neck. The young man was in the habit of frequently kissing prostitutes. A diagnosis of chancre of the tongue with syphilitic lesions of the larynx was made. LEDERMAN.

Superficial Lymph-Angioma of the Tongue Presenting the Papillary Form—VOITURIEZ—*Journ. des Science Méd. de Lille*, December, 1898.

The patient was a youth of sixteen years who had had a tumor since he was nine years of age. It was situated on the dorsum of the tongue, was sessile and measured two centimeters in width and four in length. There was no hemorrhage or submaxillary adenitis. It was removed and the patient appeared cured in eight days.
SCHEPPEGRELL.

III. ACCESSORY SINUSES.

Headache in Disease of the Nose and its Accessory Cavities—M. HAJAK—*Wiener Klin. Wochenschr.*, March 9, 1899.

At a meeting of the Vienna Medical Club, held on February 22, Hajak read a paper on the above subject. He states that two conditions are apt to produce headache, disease of the accessory cavities and certain forms of nasal hypertrophy. The attempt to classify the different forms of headache seems nearly a failure, as almost any form of headache may appear as a concomitant of almost any form of nasal or sinus trouble. As a general rule, however, it may be stated that the unilateral and neuralgic headaches follow chronic empyema of some sinus. The nasal hypertrophies do not usually give rise to headache. An apparent exception to this is where the process affects the tuberculum septi. Particularly is this true if a hypertrophy of the middle turbinal co-exists, thus shutting off the olfactory fissure. VITTUM.

Diagnosis of Frontal Empyema—GOULY—*Archiv. Int. de Laryngol., etc.*, October, 1898.

We may almost positively diagnose the existence of frontal empyema when, our attention having been attracted to a possible suppuration in that region by the painful symptoms of which the patient complains, the rhinoscopic examination of the nasal fossa, first freed of any obstruction which may exist, demonstrates pus in the middle meatus, and when in addition to these points we can add the result of electric transillumination. SCHEPPEGRELL.

Acute Inflammation of the Antrum of Highmore—FOUCHER—*L'Union Médicale du Canada*, Vol. iv, No. 3.

The writer describes this condition as characterized by periorbital pain, sufficiently severe to cause loss of sleep, radiating throughout the side of the head affected, and increased by pressure with the finger over the canine fossa, by blepharospasm and lachrymation. The secretion is clear, yellowish, like melted butter. At first the secretion is retained in the cavity by the swelling of the nasal mucous membrane, later on, it becomes yellowish white and of a stale odor. When the acute inflammation is the result of dental caries, the secretion is not retained, and is often purulent, while the odor is apparent to the patient. Twelve cases are detailed. Diagnosis in each was verified by transillumination (after Hering) with a lamp of from 7 to 20 volts, giving 5 to 20 candle power. A greater voltage was used than that for which the lamp was intended, so as to obtain a maximum of light with a minimum of bulb in the lamp.

In blonde patients, the young, and females generally, from 5 to 6 candle power sufficed. When the bony walls were more strongly developed, 10 to 20 candle power was required. All secretions were removed prior to examination, and when the nasal tissues were engorged, this was reduced by cocaine. The treatment pursued in the catarrhal cases was to pass a tampon moistened by cocaine (4 per cent) into the affected nostril, withdraw it in a minute or so, hang the head well forward and to the more affected side, and then to blow the affected nostril vigorously. The patient was further instructed to practice lowering the air pressure in the affected air sinus by inspiring vigorously, after shutting the mouth and closing the nostrils. GIBB WISHART.

Suppurative Diseases of the Accessory Sinuses of the Nose—WM. W. BETTS—*Denver Med. Times*, Vol. xviii, No. 8, February, 1899.

Authorities seemed to be about equally divided as to the origin of antrum trouble, some believing the teeth to be the most common cause, others the nose. Dr. D. M. Fletcher is quoted as stating that after examining 500 crania, he found that out of 252 cases of abscessed upper molars, only 12 perforated the antrum, and that it is his belief that intra-nasal disease is the main cause. The difficulty of diagnosing suppuration of the frontal and ethmoidal sinuses is noted and the methods described. EATON.

The Maxillary Sinus; Chronic Empyema thereof; Its Treatment—J. A. STUCKY, Lexington, Ky.—*Journal Am. Med. Assoc.*, March 4, 1899.

Dental caries is the most frequent cause. Aside from this, causes originating in the nose are of importance, as atrophic rhinitis or ozena, nasal polypi and enlarged middle turbinate.

In the treatment first correct any possible causative condition in the nose. Next extract, if necessary the second molar tooth, and

with a Buck's mastoid drill a large opening is made through the alveolar process into the antrum. This is enlarged with a sharp spoon to admit the introduction of a speculum so the cavity can be thoroughly examined and curetted, when it is irrigated and loosely packed with iodoform gauze. This is kept up until spontaneous healing takes place by the filling up of the antrum with connective tissue. The author emphasizes the superiority of the above procedure rather than entering by way of the canine fossa. STEIN.

Ocular Complications in Frontal Sinusitis—R. SOCOS—*La Presse Méd.*, November, 1898.

Ocular complications in frontal sinusitis without other symptoms are extremely rare. In the case reported examination of the eye showed only diplopia, the cause of which was supposed to be a tumor or some irritation in the neighborhood of the orbital plate. A careful history of the case showed, however, that the patient suffered from chronic coryza and that much discharge came from the nostril each morning. This suggested the possibility of frontal complication, and an empyema of both frontal and maxillary sinuses was demonstrated. SCHEPPEGRELL.

Temporary Resection of the Superior Maxilla after Langenbeck—JOS. PREINDLSBERGER—*Wiener Klin. Wochenschr.*, March 9, 1899.

The author begins with a general review of the different methods of removing naso-pharyngeal fibromata. He is rather inclined to oppose their removal per vias naturales, and prefers some form of operation which gives satisfactory access to the base of the tumor. Langenbeck's method of operating seems best to him, and he reports two cases operated on by him in that manner. In both instances the operation was done with the head hanging down and without a preliminary tracheotomy. VITTUM.

IV. LARYNX AND TRACHEA.

Anatomy of the Infant Larynx—DEMETRIO GALATTI—*Wiener Klin. Wochenschr.*, Feb. 16, 1899.

This paper is full of interesting details which cannot be given here, but which would well repay a perusal. The material for the studies was obtained in Zuckerkandl's Anatomical Institute and consisted of 136 larynges at different periods of development. The special anatomical peculiarities of each year of life are given up to the eleventh, when the larynx is said to approach the adult organ in form and relations. The author's general conclusions are as follows: During the first two years of life the female larynx is more fully developed than the male. From the ninth to the eleventh years the reverse obtains. As distinguishing the infant larynx from the adult the relations of the hyoid bone and the thyroid

cartilage are most prominent. The hyoid bone during the earliest years lies along the upper border of the thyroid cartilage, completely covering in its highest point. Gradually, with increasing age, the hyoid bone rises and by the sixth year the thyro-hyoid ligaments first become noticeable. A condition which is not mentioned in the literature of the subject is the backward inclination of the body of the cricoid. This is most marked at birth and disappears during the fourth year. The narrowing up of the larynx described by Bauer finds its explanation in this anatomical fact, which may also have some clinical importance.

The entrance to the ventricle of Morgagni is very small, considering the distance between the cricoid and thyroid cartilages. As a consequence of this the vocal cords as well as the rima glottidis are not only actually but relatively smaller than in the adult. The sacculus laryngis consists of an expansion of the whole lateral wall of the sinus and not of its anterior portion only, as is the case in adult life. This difference disappears during the tenth year. The narrowest point in the laryngo-tracheal canal is found at the level of the cricoid cartilage. VITTUM.

A Contribution to Our Knowledge of the Laryngeal Nerves—A. ONODI—*Archiv fuer Laryngologie*, Band ix, Heft 1, 1899.

This admirable paper cannot be abstracted. In order to comprehend it the reader must follow it out in all its details, and that, too, in connection with the cuts and diagrams accompanying it. It may be stated that the study is in the direction of ascertaining the nature, course and connections of the nerves in question.

VITTUM.

The Post-Mortem Examination of the Laryngeal Nerves—A. ONODI—*Archiv für Laryngologie*, Band ix, Heft 1, 1899.

This is merely a plea for more exact and critical examination in cases where there has been some form of laryngeal paralysis. The usual method is to examine the muscles and the nerve trunks; whereas Onodi thinks that an autopsy, to be of any scientific value, should involve an examination of the peripheral twigs as they are given off to each muscle. Further, he says that careful attention should be given to the fibers connecting the recurrens with the sympathetic and with the cardiac branches. VITTUM.

Artificial Larynx—GLUCK—*Berliner Klin. Wochenschr.*, March 6, 1899.

At a meeting of the Berlin Medical Society held February 15, Gluck demonstrated the usefulness of a phonating apparatus devised by himself. He first spoke of those instances where all communication between the trachea and the pharynx is lost. In several of these cases there has been retained the ability to speak in a whisper. Gluck explains this by saying that the muscles of the pharynx contract in such a way as to throw up folds of mucous membranes on each side which vibrate imperfectly under the in-

fluence of a current of air. The patient learns by experience to take air into the mouth and pharynx and expel it for this purpose, in much the same way that glassblowers drive a column of air into the material upon which they are working. Latterly, Gluck says he has, in cases of laryngotomy, made a preliminary low amputation of the trachea and sewed the lower end all around into the skin. This cuts off absolutely all communication between the trachea and pharynx, completely obviating the possibility of inspiration pneumonic. In the case demonstrated it had been necessary to remove not only the larynx, but also masses of infiltrated glands and parts of the lateral pharyngeal walls. The gap was filled in by a double skin flap, one cutaneous surface being turned inside. The patient was able to swallow well, but of course was completely voiceless. Gluck then devised an apparatus consisting of a tube which passed from the tracheal opening into the nose. Here it communicated with a small olive placed in the nostril. This olive contained a reed for phonating purposes. From the other end of the olive a rubber tube passed backward to about the lower end of the uvula.

The current of air from the tracheal opening passes up to the reed in the nasal cavity, where it is broken up into sound waves which are passed on through the second tube into the mouth and pharynx. Here they can be broken up and manipulated as in the ordinary processes of articulation. The result is that the patient can speak clearly and in a good loud voice. In conclusion, Gluck reports that in his last series of twenty-six cases of carcinoma of the larynx, he has had twenty-three cures; the best result, perhaps, which has hitherto been reported in this class of cases.

VITTUM.

Development of the Sinus of Morgagni—DAVID HANSEMANN—*Archiv fuer Laryngologie*, Band ix, Heft 1, 1899.

This careful and scientific investigation of the above subject does not lend itself to abstracting. It should be read in the original by those interested. VITTUM.

Purulent Inflammation of the Glosso-Epiglottic Fossa—W. ZUBLINSKI—*Deutsche Med. Wochenschr.*, February 23, 1899.

The author gives his experience with this somewhat uncommon affection. He has met with three cases. The etiology is obscure. Perhaps the ingestion of too hot fluids. In one case it could be pretty clearly traced to a wound caused by a fish-bone. The symptoms are such as we might expect from an abscess in this region, dysphagia, dryness, increased salivary and mucous secretion. The tongue itself is not painful, but movements thereof are extremely disagreeable. The laryngeal mirror is absolutely necessary to a diagnosis. There is generally some slight edema of the free edge of the epiglottis, but the swelling does not pass over into the larynx proper. The swelling of the abscess itself, however, may increase to such a degree that the epiglottis is very strongly pressed down over the larynx, producing dangerous dyspnea. Incision promptly relieved all symptoms and rapid healing followed. VITTUM.

Rheumatic Arthritis of the Cricoid-Arytenoid Articulation—ALEXANDER BAUROWICZ—*Archiv. fuer Laryngologie*, Band ix, Heft 1, 1899.

Merely a review of the literature of the subject, with a report of a case. The only conclusion drawn seems to be that this trouble may be the first symptom in a case of general rheumatoid arthritis.

VITTUM.

A Case of Double Prolapse of the Ventricles of Morgagni Cured by Excision—LICHTWITZ—*Archiv. Int. de Laryngol., etc.*, October, 1898.

The author considers prolapse of the ventricles any hyperplastic inflammation of the mucous membrane of the ventricles, which may be seen by means of the laryngoscope. In the case reported the mucous membrane of both ventricles covered the vocal cords. A histologic examination of the fragments removed showed neither necrosis nor giant cells. SCHEPPEGRELL.

Two Cases of Chronic Laryngitis Entirely Limited to the Right Vocal Cord, and Probably Tubercular in Character—STCLAIR THOMSON, London—*Jour. L., R. et O.*, March, 1899.

These cases were exhibited before the Laryngological Society of London, January, 1899. In one case the young woman had been hoarse for over a year. In the other, a male, hoarseness was present for nine months. No definite physical signs in the lungs existed. There was no expectoration. The right vocal cord presented a red fleshy condition, though the free edge of the cord was but slightly affected. The granulations appeared to originate from the mouth of Morgagni's ventricle. Both cases were decidedly improving under general treatment. The diagnosis was made on account of the chronic nature of the disease, and its one-sidedness, together with the appearance and situation of the fleshy granulations, and absence of symptoms of new growths or syphilitic history.

The process of exclusion assisted in arriving at the diagnosis of tubercular laryngitis. LEDERMAN.

A Case of Chronic Urticaria of the Larynx—W. FREUDENTHAL—*Archiv fuer Laryngologie*, Band ix, Heft 1, 1899.

Freudenthal reports a case which he cannot consider as anything else than chronic laryngeal urticaria. The patient was suffering at the same time from an urticaria of the skin which seemed to appear and disappear *pari passu* with certain digestive troubles. The condition of the epiglottis (the seat of the disorder) was extremely variable. First, there would be seen one or two herpes-like spots with edematous borders, then the whole epiglottis would be deep red, then again the redness would disappear, leaving the organ pale and free from vescicles.

The most effective treatment was a spray of a 20 per cent solution of menthol in oil. VITTUM.

Acute Diseases of the Larynx—H. MOULTON—*Med. Monograph*, Vol. i, No. 2, February, 1899.

A review of modern text-book and recent literature on the subject. For acute catarrhal laryngitis are recommended, menthol, ten to twenty grains to the ounce of petroleum oil as a spray every three to six hours; inhalation of the vapor of compound tincture of benzoin, made by putting a dram of the tincture in a pint of water heated to 140° to 160° F.; a cold, 2 per cent solution of ichthyol sprayed directly into the larynx is highly extolled.

[The advice to apply to the naso-pharynx, if much inflamed, nitrate of silver, twenty to forty grains to the ounce is, in the abstractor's experience (and he thinks, in that of many others) mischievous, except, perhaps, when there is a pronounced purulent secretion.]

The process termed acute edematous laryngitis, erysipelas of the larynx and phlegmonous laryngitis, for which the name: "acute septic inflammation of the throat," by Semon is to be met by prompt and vigorous treatment: An iced spray of ⅓ per cent solution of ichthyol administered every fifteen minutes, followed later by a ½ per cent solution, not iced; pilocarpine is valuable where its depressing effects are not feared. These measures failing, scarification is to be done. Tracheotomy is generally preferable to intubation.

EATON.

Mycosis of the Larynx, with Notes of a Case—A. A. GRAY, Glasgow—*Glasgow Med. Jour.*, March, 1899.

The author reports a unique case of mycosis of the larynx, confined to that region alone. A male, thirty-two years, complained of hoarseness of many years duration, dryness of the throat, and a tired feeling after speaking, the two latter symptoms being of some months duration. He had an attack of rheumatism ten or twelve years before. History good; no evidence of syphilis; had gained weight during last two years; no cough; no physical signs of pulmonary disease.

Laryngeal examination revealed left side of larynx swollen, particularly in posterior parts and along ary-epiglottic folds; swelling most marked over left arytenoid cartilage, and on the upper part of this was a small grayish-white surface, suggesting an ulcer. The left vocal cord was quite fixed; the right side of larynx was normal.

The removal of a piece of the swollen tissue on two occasions gave no evidence of tubercle bacilli, but a large number of leptothrix filaments were found. A mass of pultaceous white substance squeezed out of the swelling consisted almost entirely of leptothrix. Mouth, pharynx and naso-pharynx were free from leptothrix.

Creasote and menthol inhalations were used in succession and iodide of potassium for a little time. In three and a half months the swelling had disappeared, but the left cord remained fixed. The author inclines to the view that the cord became fixed as the result of the rheumatic attack, while the mycosis was superadded.

A. LOGAN TURNER.

Paralysis of the Larynx—Stenosis of the Esophagus—JOHN SENDZIAK, Warsaw—*Jour. L., R. et O.*, March, 1899.

The patient was a farmer, fifty-five years old. He complained of difficulty in swallowing hard food. Emaciation was another symptom.

Examination showed a degree of tightening (stenosis) in the upper third of the esophagus, opposite the bifurcation of the wind pipe. Some relief was obtained by means of the bougie.

Three months later a paralysis of the right vocal cord was observed, which was in the phonatory position. The X-rays were applied, and revealed enlarged glands in the shape of irregular dark spots; the left side of the thorax did not present any change.

LEDERMAN.

Case of Acute Membranous Laryngitis in a Child, requiring Tracheotomy and Intubation; Recovery—SAINSBURY—*Lancet*, October 8, 1898.

A child was admitted to hospital suffering from laryngeal obstruction. No membrane was found in the fauces, and a culture from the pharynx was negative so far as regards Klebs-Löffler bacillus. The breathing became more difficult so that tracheotomy was required. Later on attempts to do without the tube were unsuccessful on account of the dyspnea which supervened. This was overcome by wearing an O'Dwyer intubation-tube for twelve hours.

The case is well worthy of being recorded, especially in connection with the very similar case reported in the *Lancet* of August 13. Although the failure to find the bacillus of diphtheria is no certain proof of the absence of that disease, yet if the examinations have been careful and numerous we are fully justified in saying that the case is in all probability not diphtheritic. Theoretically it is by no means impossible for an inflammation caused by streptococci to be accompanied by a membranous exudation; all that is required is that the inflammation should be of sufficient intensity to give rise not merely to a "serous" exudation, but to an exudation which can coagulate. In the analogous case of inflammation of the serous membranes the degree of coagulability of an exudate varies greatly. There is much to be said in favor of the view of the existence of a membranous laryngitis not due to the Löffler bacillus, but its existence can only be proved by the putting on record of all cases which have been carefully observed and bacteriologically examined.

This case presents one or two points of special interest. In the first place, it would seem to be an instance of a non-diphtheritic membranous laryngitis arising independently of any direct damage to the part, as by scalding or other form of mechanico-chemical irritation. In favor of this conclusion there are (1) the negative results of cultures taken from the fauces and the direct negative examination of the membrane coughed up; (2) the absence of any albumen in the urine; (3) the absence of any paralytic sequelæ; and (4) the fact that no history pointing to contagion could be obtained. Non-

diphtheritic membranous laryngitis, contended for by many, among others by Fagge, denied by many others, and in any case regarded as a rare event, would seem to have been present here. In the next place the case is of interest on account of the speedy relief, obtained by intubation, of that troublesome condition which makes it sometimes so difficult to remove the tube after tracheotomy. It is not a question here of discussing the relative merits of intubation and tracheotomy, and the case is an instance simply of the value of intubation as a supplement to tracheotomy. Lastly, assuming the case to have been non-diphtheritic, we may note the complete harmlessness of 8,000 units of diphtheria antitoxin.

StClair Thomson.

Pediculated Intratracheal Tumor giving Rise to an Inspiratory Murmur—Brauer—*Münchener Med. Wochenschr.*, February 7, 1899.

At a meeting of the Society of Natural History and Medicine of Heidelberg, the author reported the following case:

Woman, forty-eight years of age, has had some trouble in the throat for three years. She feels something flapping to and fro during respiration. Lately increasing dyspnea. There is heard on auscultation over the whole chest as well as over the larynx a short flapping noise which begins shortly after the beginning of inspiration. This sound is conducted from the larynx and is caused by a pediculated tumor striking against the tracheal wall. The tumor pretty nearly filled up the tracheal lumen and sprang from the second tracheal ring. It was removed by tracheotomy, and proved to be a hemangio sarcoma. Probably a case of sarcomatous degeneration of a fibroma.

Vittum.

Falsetto Voice in the Male; Report of Five Cases—G. Hudson Makuen, Philadelphia—*Journal Am. Med. Assoc.*, March 4, 1899.

The author says it is a rare condition, he having seen only ten or twelve cases, of which only five have been under his care.

During its production the larynx is in an abnormally high position, due to a disturbance in the normal poise of the larynx by an over-action of the levators or the under-action of the depressors. The unnatural adjustment of the cartilages and its effect upon the vocal ligaments, and the lack of rigidity or contractility in the intrinsic muscles also plays a part.

The first case affected this quality of voice from choice.

The second case resulted from an attack of laryngitis. Result, cured.

In the third case the voice became a mixture of aphonia and the falsetto at the usual age when the voice changes. Cured.

The fourth and fifth cases were in nervous boys of fifteen years. The former having since childhood used the falsetto tone, the latter acquired it at puberty.

"Muscle training" is the main element in the treatment.

Stein.

Intubation—JOSEPH P. O'DWYER, Detroit—*The Physician and Surgeon*, February, 1899.

The author reports a series of thirty-one cases in which intubation was performed. Ten of which were operated prior to the use of antitoxin, with a mortality of 80 per cent. The remaining twenty-one cases were first treated with the antitoxin and subsequently intubated, but a mortality of four and seventy-seven hundredths per cent. The author wishes his cases to emphasize the importance of the early employment of antitoxin, to be followed, when necessary, by intubation. This method often makes the operation of intubating unnecessary, it shortens the period of tubation and lessens the period of injury to the voice. STEIN.

A Case of Hermaphroditism Diagnosed by the Laryngoscope—E. BERTHOLD—*Archiv fuer Laryngologie*, Band ix, Heft 1, 1899.

The author reports the case of a person who appeared at his clinic complaining of hoarseness and sore throat. She was dressed as a woman, but on laryngoscopic examination the author discovered such very broad and long vocal cords that he became convinced that he was examining a male person. An examination proved that his suspicions were well founded, although the male organs were misshapen.

At a later period he examined the larynx by Röntgen rays and found that the thyroid cartilage had become ossified to an extent that only takes place in the male. Several cuts are reproduced from Chievitz showing the different stages of ossification in the cartilage, and finally the view of a female larynx showing that in the latter, the process stops far short of the degree reached in the male. VITTUM.

V. EAR.

Affections of the External Ear—B. ALEX. RANDALL—*Jour. Am. Med. Assn.*, March 4, 1899.

Twenty-five per cent of all ear diseases affect the external ear. Of these about one-half are infected cerumen. Eczematous diffused inflammations of the meatus and auricle constitute about 5 per cent, while furunculosis makes up 2 per cent. A host of rarities form the balance or about 4 per cent. If in the attempt to remove seed from the external meatus by means of a syringe and water, it is advisable to instil alcohol into the meatus to dehydrate the seed in case it is not removed. Germination is thereby prevented. Foreign bodies are harmless unless driven in by firearms or meddlesome extractors. Diffused inflammations should be treated by hydrogen dioxide to cleanse the dirty and infected surface. Furuncles should be treated with a tampon covered with the yellow oxide of mercury. BALLENGER.

Case of Pyemia Treated with Injections of Antistreptococcic Serum—HERBERT M. RAMSAY—*Lancet*, October 22, 1898.

A girl with measles developed fever and discharge from one ear. The anterior and inferior part of the membrane was perforated. In spite of treatment the general symptoms increased, the temperature rose to 105.4°, and there was pain over the tip of the mastoid, but no tenderness over the mastoid cells. The "mastoid cells" were opened; nothing was found there except some muco-purulent secretion, but not sufficient to account for the high temperature, so no attempt was made to open up the tympanum. The skull was then opened, but the dura mater did not bulge, and the lateral sinus was evidently not occluded, and the wound was therefore closed. Restlessness, rigors, pneumonia, and an abscess in the wrist, supervened. Streptococci were found in the blood. Injections of anti-streptococcic serum were then given, and the patient recovered.

The interest in this case lies in the great improvement manifested in the patient's condition after the serum treatment was commenced. The temperature did not fall, though the average altogether was lower than before the injection, but the continued high temperature was accounted for by the presence of the abscess in the buttock. When this was evacuated the temperature almost immediately fell to normal. In spite of the temperature being high, the patient's general condition improved markedly. From the time the injections were commenced she slept better, took her nourishment better, and was altogether more natural. Then the wrist cleared up, her pulse improved, and she was brighter and better, whereas before she seemed in an almost hopeless state. This improvement was shown to be due to the anti-streptococcic serum treatment, as when for two days the injections were discontinued (from 8:30 a. m. on March 22 till 6:30 p. m. on March 24) she was manifestly not so well, and she improved again with the recommencement of the injections. Another point of interest is the complete disappearance of the organisms from the blood within twelve days of the commencement of the treatment. It is also interesting to note that streptococci were demonstrated in the blood and anti-streptococcic serum was used, as some cases of failure when anti-streptococcic serum has been tried may have been due to the organisms not having been streptococci. Altogether 205 c. c. of serum were injected. STCLAIR THOMSON.

Remarks on Vibratory Massage of the Tympanum—SCHLEICHER—*Archiv. Int. de Laryngologie, etc.*, October, 1898.

Vibratory masseurs operated by electric motors or by the hand, while offering the advantage of regularity and ease of manipulation, they are inconvenient on account of their rapidity. The author prefers for massage of the tympanum an instrument which makes gentler oscillations, more extended, and operated by the hand.

[If this were the only objection to the mechanical vibratory masseurs it would require but little mechanical ingenuity to correct it. —W. S.] SCHEPPEGRELL.

Treatment of Acute Otitis Media following Influenza—THEOBALD—*Maryland Med. Jour.*, March 11, 1899.

The abortive treatment of these cases is considered by the author. He believes that infection of the middle ear and neighboring centers is most commonly carried through the Eustachian tube. It is a very difficult matter, even with good antiseptic precautions, to prevent infection after incising the tympanic membrane.

If the cases could be seen within a few hours the attack could be cut short. When the inflammation reaches a point that an incision is necessary it is extremely difficult to prevent suppuration.

The author promptly employs a solution of atropia in the ear. His formula is one grain of atropia sulphate, two grains of cocain muriate in two drachms of distilled water. Of this eight drops are poured into the ear about three or four times a day, according to the pain. An oily menstruum remains in contact better than a watery solution. (But the former is more liable to generate infection. M. D. L.) With the local treatment some form of cathartic is administered. If the symptoms are not relieved by this method the author advises a liberal incision through the posterior portion of the drum—syringing with an antiseptic solution two or three times daily should follow. LEDERMAN.

The Grippe Ear—FAYETTE C. EWING—*Tri-State Medical Journal*, January, 1899.

Differs in essential particulars from the condition that arises from naso-pharyngeal congestion. The grippe ear is likely to present a hemorrhagic exudation before the membrane gives way. Not infrequently with the rupture there is a discharge of blood, in other words, a true hemorrhagic otitis. Another characteristic is persistence of pain after the rupture. In ordinary otitis this would be considered a symptom of serious import, indicating insufficient drainage, and deep inflammation. Politzer, Gruber and Truckenbrod experienced mastoid complications oftener than in simple inflammatory otitis, but other noted observers do not bear them out in this observation. Treatment does not differ materially from that of simple otitis. A. A.

Hypertrophic Catarrh of the Middle Ear—BURT D. LAFORCE—*Jour. Am. Med. Assn.*, February 25, 1899.

The etiology, the course of the disease and the symptoms are outlined. The influence of diathesis and of sanitary surroundings is mentioned. The importance of early treatment is emphasized. The treatment must be adapted to each individual case.

The naso-pharynx must be examined in all cases and any diseased conditions existing must be relieved before permanent improvement in the ear trouble can be expected. When there are secretions in the Eustachian tube or middle ear their removal by S. S. Bishop's method of auto-aspiration is advocated. This must be followed by inflation of the middle ear by either Valsalva's or Politzer's method. ANDREWS.

Drum-Head Perforations—Their Site and Significance—BARTON H. POTTS AND B. ALEX. RANDALL—*Jour. Am. Med. Assn.*, March 4, 1899.

From a study of 1,000 cases taken from private and clinic-record books it is shown that 39 per cent occur in the posterior inferior quadrant, 25 per cent in the anterior inferior quadrant, 10 per cent in Shrapnell's membrane. The total posterior perforations were 49 per cent, while the total anterior perforations were but 34 per cent. Perforations in the post-superior quadrant and in Shrapnell's membrane are not usually incurable by non-surgical treatment. The height of the perforation has but little influence as gravitation exerts but slight power in promoting drainage. Besides the patient is prone quite as much of the time as he is in the upright position. Marginal perforations up and back may indicate serious complications, as caries of the ossicula, yet they are not necessarily intractable to treatment, they only become persistent grave matters when the real focus is in the antrum or mastoid cells.

BALLENGER.

Squamous-Celled Carcinoma following a Chronic Suppurative Otitis Media—H. B. ROBINSON, W. S., London—*Jour. L., R. et O.*, March, 1899.

This peculiar sequela occurred in a female, forty-six years old. She had a discharge from the right ear for twenty-six years. Four years before consulting the author, the discharge increased, accompanied by deafness, noises in the head and shooting pains. During the last four months the discharge became thick, of a greenish-yellow color, and very offensive.

On examination the canal was found filled with what seemed to be granulation polypi. A mastoid operation was performed, and the cells were found filled with the same tissue. Microscopical examination revealed the true nature of the disease. There was no glandular enlargement in the neck. The mastoid wound would not heal. Facial paralysis existed. The patient did not continue under treatment.

LEDERMAN.

Chronic Suppuration of the Middle Ear—E. SCHMIEGELOW—*Nordiskt Med. Archiv.*, No. 17, 1898.

The author describes 96 cases which he has operated and gives tabulated details. He has operated over 300 in all. In 23 cases the affection had lasted 11 to 20 years, in 17 from one to five years, and in one case between 40 and 50 years. The mastoid apophysis was alone opened in 20 cases, with 55 per cent cured; in the rest the otitis was not arrested. The attic was opened in 14 cases; seven were cured and three improved; one relapsed and in two the result is unknown. In 53 cases the entire middle ear was opened and 70 per cent cured. In seven cases the operation was not completed. In nine cases there was improvement; three cases died—military tuberculosis, or meningitis. The transverse sinus was opened once.

In four cases the operation was followed by traumatic facial paralysis. He states that the patient must be prepared for the tediousness of the after-treatment. In one of his cases it required a year and a half; in several six to nine months, but the average limit was two to four. In 58 cases nothing could be learned as to the etiology. In 10 cases it commenced as an acute suppuration after influenza. In three it was evidently a carious process due to the presence of adenoid vegetations. In four cases the suppuration was tuberculous. In two it was the result of whooping cough, in 11 of scarlet fever, in two of measles, in five of trauma, and in one case there was a carcinomatous growth. The hearing was unaltered after the complete operation in eight; more or less improved in 27 cases. SCHEPPEGRELL.

Suppurative Disease of the Ear—The Presence of Polypi and Granulations Therein not an Unfavorable Indication—LOUIS J. LAUTENBACH—*Jour. Am. Med. Assn.*, March 4, 1899.

The author starts out with the proposition that "restoration of function in these cases is more frequent as well as more thorough than in chronic suppurative cases of equal duration without growths or polypi." He reports five cases in which the hearing for the watch was increased after the removal of the growth. In some of the cases the suppuration was reported as cured after the removal of the growth. The granulations are looked upon as a benign process opposed to necrosis, fibrous thickening, sclerosis and cicatrization. The prolonged vascularity attending these growths preserves the integrity of the mucosa, facial nerve and stapedovestibular articulation.

The author seems to have depended largely upon the restoration of the function of hearing as sign of having effected a cure.

BALLENGER.

Methodical Auditory Excercises and their Value for the Deaf—VICTOR URBANTSCHITSCH—*Wiener Klin. Wochenschr.*, February 23, 1899.

In this paper U. treats more particularly of the instruction to be given to those who are only partially deaf and those who have already been benefited to some extent by the previous use of auditory exercises. He lays great stress upon training the *attention* of the pupil, and says that audition accomplished without effort is not nearly so beneficial to the deaf as when it can only be accomplished by strained attention. The bulk of this masterly and extensive paper is taken up by details of the treatment which, of course, cannot be entered into here. In closing, the author answers the question as to what class of cases will be benefited by these exercises by saying that as a general rule that can only be determined by making a trial. He very freely admits that there are many cases which are not benefited, but thinks that the proportion of successes is large enough to warrant the most strenuous efforts to ameliorate the condition of these most unfortunate among the sons of men. VITTUM.

Two Cases Contrasting Effusion into the Middle Ear and into the Labyrinth—J. LOCKHART GIBSON—*Austral. Med. Gazette*, Vol. xviii, No. 2, February, 1899.

The object of the report is to point out the great importance to those engaged in general practice, of early and accurate diagnosis in cases of extreme and sudden deafness. One case was that of a serous exudation into the middle ear, the other, exudation into the internal ears, the result of a return of secondary syphilis. The contrast in the findings by the tuning forks is pointed out.

EATON.

Ophthalmoscopic Examination in Endocranial Otitic Complications—G. GRADENIGO—*Ann. de la Soc. Med., Chir. de Liège*, November, 1898.

The author states that lesions of the optic papilla are observed in about half the cases of endocranial complications of suppurative otitis, and consequently should be carefully sought, as they are frequently the first and only indication that the suppuration has invaded the cranial cavity, enabling an early diagnosis and effective treatment. He does not attempt to explain the mechanism of the papillitis, although he suggests that the chief factors may be the limitation of the endocranial space and compression of the sigmoid sinus. The papillitis affords no information in regard to the nature of the location of the endocranial lesions, but its disappearance after intervention is an index of the efficacy of the operation performed. His study of the subject is based on 635 observations, 74 being personal.

SCHEPPEGRELL.

A Case of Otitis Media with Purulent Meningitis—H. J. HAMILTON—*Canadian Practitioner and Review*, Vol. xxv, No. 2.

Patient, a male, aged thirty-two, who drank heavily, developed otitis media on December 31st, with bloody discharge next day, became delirious on the 8th of January and complained that left side seemed paralyzed. Admitted to hospital on the 9th and died twenty-four hours after admission. Post-mortem, pus was found in the right mastoid process. The arachnoid and pia mater on the right at the base were congested and infiltrated with thick yellow pus. This condition extended over the cortex of both hemispheres, but was more marked in the frontal and parietal regions.

The blood before and the pus after death gave pure cultures of streptococcus pyogenes.

GIBB WISHART.

The Retro-Auricular Opening for the Radical Cure of Chronic Suppurative Otitis Media—PASSOW—*Revue Hebd. de Laryngologie, etc.*, December 17, 1898.

The ideal aim of the radical cure is suppression of the suppuration by complete epidermization of the whole cavity which forms

the field of the operation. The preferable method is that which reaches this object the most surely and rapidly.

Primary union destroys almost completely the result of the operation; a late suture offers but little more advantage. A free retro-auricular opening should be preserved in order to place the patient beyond the chances of recurrence and danger. This also facilitates the post-operative treatment. SCHEPPEGRELL.

On Malarial Disease Mistaken for an Affection of the Ear—D. B. ST. JOHN ROOSA—*Yale Med. Jour.*, April, 1899.

This affection colors every disease with which it is associated. The author speaks of aural symptoms, having their origin in malarial diseases. He has had two cases, one of chronic suppurative otitis, and another of acute suppurative otitis, with mastoid involvement, in which a very high temperature suddenly occurred, without any cause in the condition of the ear to account for it, but which was promptly relieved by proper doses of quinine.

In the mastoid case the symptoms occurred after the mastoid operation, when the wound was well drained and clean. Treatment with quinine gave complete relief. In another case, a physician was seized with symptoms of Menière's disease, which yielded shortly to quinine in five grain doses. LEDERMAN.

VI. DIPHTHERIA, THYROID GLAND, ESOPHAGUS, ETC.

A Case of Diphtheria of the Pharynx Complicated with Numerous Tonsillar Abscesses and Empyema of Maxillary Antra—JOHANN SENDZIAK—*Archiv fuer Laryngologie*, Band ix, Heft 1, 1899.

The title very nearly covers all that is noteworthy. Of especial interest, however, is the fact that within a short time the patient suffered from abscess of the faucial tonsil, of the peritonsillar connective tissue, of the pharyngeal tonsil, and of the lingual tonsil. The spontaneous opening of the latter was accompanied by profuse hemorrhage. VITTUM.

Diphtheria—G. O. MORGRIDGE—*Med. Monograph*, Vol. i, No. 2, February, 1899.

Contains nothing new. EATON.

The Value of Glycero-Phosphates in the Treatment of Graves' Disease—F. X. DERCUM—*Med. Herald*, March, 1899.

The pathology of this disease is not yet clear. The indications are that patients afflicted with it suffer from the absorption of thyroid products which are abnormal in amount and character, which would class the affection as an auto-infection, it thus being the op-

posite of myxedema. The author ignores the cardiac symptoms, and has found the glycero-phosphate of sodium or of calcium to be of great value. He also withdraws the more stimulating foods, such as meat and coffee, or stimulants in any form. Milk or some simple nourishing food should be given. EATON.

Subacute Bronchitis in Infants and Children—E. M. DUPAQUIER —*New Orleans Med. and Surg. Jour.*, December, 1898.

General debility is responsible for many of these cases. Dietetic and hygienic methods are advocated. SCHEPPEGRELL.

Malignant Disease of the Esophagus—H. A. BRUCE—*Canadian Practitioner and Review*, Vol. xxv, No. 2.

The history of a case occurring in a male, aged thirty-six, is detailed, with a full description of the conditions post-mortem. In conclusion, the writer denies the truth of the statement made by J. P. Arnold, in the *International Medical Magazine*, that squamous-celled epithelioma is the form of carcinoma invariably met with in the esophagus. "My case and others that have been reported show that his (Arnold's) assertion is wrong, and that glandular carcinoma does occur in the esophagus, although very infrequently.

The primary seat of the disease is undoubtedly in the lower end of the esophagus, and the feature of special interest is the occurrence of secondary growths of the same type, both upward and downward along the alimentary canal. In the case of the esophagus the secondaries higher up might be due to epithelial cells or parasites being carried up with food vomited, or the growth might be disseminated along the lymphatics against the lymph stream, a possibility which is now generally accepted. In considering the secondary growths in the stomach, cæcum and appendix, there are at least four ways of explaining them: (1) That epithelium has been carried from the growth with the food; (2) parasites carried from growth with food; (3) dissemination by lymph stream; (4) dissemination by blood current. Then, again, the disease may have extended from the esophagus directly by continuity into the cardiac end of the stomach and along the lesser curvature, and from here into the liver, and throughout the liver by the portal circulation. GIBB WISHART.

Rebreathed Air as a Poison per se—JOHN HARTLEY—*Lancet*, September 17, 1898.

The modern treatment of phthisis is made up of three essential factors: (1) The discontinuance of the supply of bacilli from without; (2) the abundance of nutritive material for the tissues; and (3) the supply of an abundance of fresh air uncontaminated by the products of respiration. This seems to mean that the tissues, if not too enfeebled, may be trusted to deal with the bacilli already present if their metabolism is kept going at high pressure. Rebreathed air and

sewer gas should not be looked upon as mere carriers of accidental poisons, but as poisons per se. Hence the writer enters a strong plea for thorough ventilation—a different thing from the small trickle of air supplied by the tiny "ventilators" which are so hopelessly inadequate. STCLAIR THOMSON.

A Case of Phlegmon of the Neck—FEIGE—*Deutsche Med. Wochenschr.*, February 9, 1899.

F. reports a case where the abscess first broke internally into the throat and afterwards externally in the angle formed by the sterno-cleido-mastoid and the sterno-hyoid. The internal opening was at the level of the superior horn of the thyroid cartilage and posterior to it. Dressings placed over the exterior opening at once became moistened when the patient swallowed any fluid. Air was also forced through the fistula in breathing. This condition of things soon led to a fatal sepsis, the infection probably occurring through the internal opening. VITTUM.

VII. INSTRUMENTS AND THERAPY.

A New Instrument for Forced Examination of the Larynx in Children—A. D. BLACKADER—*Progressive Medicine*, Vol. 1, March, 1899.

Dr. A. D. Blackader, of Montreal, describes two novel methods. The first is Escat's suggestion. He has devised a peculiar form of tongue depressor. The instrument is curved so as to adapt itself exactly to the base of the tongue. On the distal extremity a blunt

Escat's Laryngoscopic Tongue Depressor.

fork is fixed, of which the two branches descend, one on either side of the epiglottis, ending in two rounded points which, when the instrument is used, are supposed to lodge in the pyriform sinuses on each side of the laryngeal orifice. The instrument serves, therefore, not only to control the tongue, but to pull forward the rima glottidis from the posterior wall of the pharynx, and so to provide good conditions for the employment of the laryngoscopic mirror. It is probable that on the principles used by Kirstein, autoscopy, or laryngeal examination without a mirror, the examiner will be enabled with a little practice, to see a good deal of the larynx (especially its posterior part, which is the more important one), by direct vision, and without the use of the mirror.

Diagram showing position of Laryngoscopic Tongue Depressor during forcible examination of larynx in children.

The method of the manipulations with the new instrument is well illustrated in the diagrams presented. It will, as a rule, be necessary, even with the instrument, to have the movements of the child restrained by a sheet rolled around its arms and legs in the usual way, and to have it carefully held on the knees of an assistant, but with this the examination of the larynx can be made much more satisfactorily than with the ordinary tongue depressor.

A simple method for the examination of young children demonstrated by Lack, at a meeting of the Laryngological Society of

London, about a year ago, is also given in this article. The advantage of this second method is that no special instruments are required and no force is employed. "The infant is placed in the usual position for laryngoscopy, the index finger of the left hand is passed well into the mouth, and the terminal phalanx hooked around the hyoid bone, which is pulled forward. The rest of the finger acts as a tongue depressor, the knuckle as a gag, while the left thumb under the chin serves to steady the head. With the use of a small mirror the larynx can now be easily seen. The method causes no pain, and requires no anesthetic, while the younger the infant the less is the resistance and the easier the examination." GOLDSTEIN.

A Catheter-Trocar for Puncturing the Maxillary Sinus—SPRENGER—*Archiv fuer Laryngologie*, Band ix, Heft 1, 1899.

This trocar is shaped like a Hartmann's Eustachian catheter with a sharpened point. The size would correspond with No. 2 or 3 of those instruments. The author thinks it is especially adapted for certain cases. The handle is fitted with a metal loop to show the direction of the curve, and at its extremity is finished in a screw thread. By this means a rubber tube may be attached, through which to wash out the cavity. VITTUM.

A Powder Blower for the Antrum of Highmore and the Dry Treatment of Empyema by Powdered Nitrate of Silver—JOHANN FEIN—*Archiv fuer Laryngologie*, Band ix, Heft 1, 1899.

In this article the author describes a powder blower which is designed to force the powder out of the instrument in a fine cloud, thus tending to cover the whole interior surface with a thin layer of the remedy. He also gives his experience in the treatment of old suppurating cases with powdered nitrate of silver. The author says that at first he diluted this with powdered starch, but, finding that no irritation followed the use of stronger mixtures, he soon got to using pure pulverized silver nitrate. It seems to produce no ill effect beyond a slight burning sensation directly after the application.

His work was done in Chiari's clinic, and the cases handed over to him for treatment were such as forbade any hope of a complete cure. He, however, changed the conditions very much. Discharge was markedly diminished, and all other symptoms were much improved. The only case where the powder would not reach all the surface would be where diverticula were present, or where the main cavity is divided by ridges or partitions.

VITTUM.

Of what Value is Gargling?—M. SAENGER—*Münchener Med. Wochenschr.*, February 21, 1899.

The author maintains that, with rare exceptions, the patient is un-

able to bathe parts lying back of the anterior faucial pillars with gargling fluids. His method of testing this was to paint the tonsils with a strong solution of methyline blue and then instruct the patient to gargle with water. When this process was properly and carefully carried out, the author says that the water was invariably ejected from the mouth clear and unstained by the methyline blue.

VITTUM.

Paramonochlorophenol; its use in the Local Treatment of Laryngeal Tuberculosis—GEO. L. RICHARDS, Fall River, Mass—*Journal Am. Med. Assoc.*, March 4, 1899.

The writer thinks this remedy increases the effect of the application of lactic acid. Using it in solutions of 4 to 10 per cent in a menstruum of glycerine and water. STEIN.

A Portable Telephone for the Detection of Simulated Unilateral Deafness—J. KALCIC—*Wiener Klin. Wochenschr.*, Feb. 9, 1899.

At a meeting of the Scientific Association of the Royal Military Surgeons of the Garrison of Vienna Kalcic read a paper on the above subject. After speaking in a general way of the difficulty in detecting any purely functional trouble of the ear by physical examination alone, he described this new instrument. He began by referring to the stereoscope of Lawrence for the detection of unilateral, weakened or obliterated vision. In using this instrument, if the two pictures are alike, only the ordinary stereoscopic effect is produced. If two different pictures are introduced into the frame, then only one is seen, or one is very much more distinct than the other. This same idea carried out has led to the construction of the instrument under consideration. The apparatus consists of a small box containing two Gnom cells. There are attached four receivers and two microphones. These are so arranged that one microphone is connected with a little telephone station, and through it, to the two right receivers; the other one to the two left receivers. The connecting wires may be sufficiently long to permit the one undergoing the examination to be seated in a different room from the one occupied by the examiners. The two examiners should endeavor to speak in nearly the same tone and with the same intensity. They may also during the examination frequently exchange microphones. By a careful discrimination it is easy to determine in this way whether the deafness is real or simulated. VITTUM.

A Micro-phonograph as a Means of Acoustic Exercises in Cases of Deaf-Mutism in Young Children—GELLÉ—*Revue Hebd. de Laryngologie, etc.*, December 10, 1898.

As a result of his experience, the author maintains that the acoustic exercises obtained by means of the micro-phonograph render possible the education of deaf-mute children at a very early age.

The excitation of the auditory nerve-centers of hearing has an effect superior to other forms of education, because it follows the natural method of development of the faculty of language and tends directly to awaken and develop auditional language.

SCHEPPEGRELL.

Cleansing Solution for the Nasal Passages—G. STERLING RYERSON —*Canadian Practitioner and Review*, Vol. xxv, No. 2.

The writer finding that Dobell's solution was rather harsh and irritating to the nose, in 1884 devised the following formula which he has used ever since:

℞ Sodæ bicarb,
Sodæ biborat,
Sodii chlorid ..... aa gr. xxx.
Sodii salicylat ..... gr. xl.
Ol. bergamot ..... ♏iij
Listerine ..... ℥ss.
Glycerine ..... ℥i.
Aq. destil ..... ad ℥viii.

The above was devised without knowledge of Seiler's solution, and has proved eminently satisfactory. GIBB WISHART.

Formaldehyde; its use in the Treatment of Tubercular Laryngitis—THOS. J. GALLAHER, Denver, Colo.—*Journal Am. Med. Assoc.*, March 4, 1899.

The author believes it to be the most useful treatment both in ulcerative and infiltrative types. He uses a .5 to 1 per cent solution, gradually increasing to 10 per cent. STEIN.

The Treatment of Ozena with Special Reference to Cupric Electrolysis—P. MCBRIDE, Edinburgh—*Edinburgh Med. Jour.*, March, 1899.

Having briefly defined the nature of ozena; the writer passes in review the various therapeutic agents which have been employed. The treatment by cupric electrolysis is then dealt with, the author detailing his own experience with it. Hitherto, no other description has been given in English literature. A considerable number of patients have been thus treated by him, while eight are described in this paper, with more or less detail, without any selection having been made. The strength of the current used was from $^{3}/_{10}$ milliamperes; the copper needle attached to the positive pole was inserted into the inferior or middle turbinated, the platinum negative needle was passed under the mucous membrane of the septum; cocaine was first applied; each sitting lasted about ten minutes. As a rule, little pain was complained of, nor were there disagreeable after-effects. The number of sittings varied in the different cases, according to the benefit derived from each application In all, improvement at once manifested itself after the application,

both nostrils improving though the needles were only inserted on one side. The change consisted in disappearance of the fetor, a moist condition of the mucosa and a more ready detachment of the crusts. Four of the patients were practically cured for long periods, extending to eighteen months. In one there was marked improvement, in one, apparent cure for some months and then syringing had to be resumed. In two, there was only improvement for a few weeks. Though the fetor disappeared, the atrophy remained. Electrolysis is of undoubted value in ozena.

A. LOGAN TURNER.

A Practical Obturator for Trachea Tubes—ALEXANDER BAUROWICZ—*Archiv fuer Laryngologie*, Band ix, Heft 1, 1899.

This is a device for closing the tube, in cases where for any reason it has to be worn for long periods of time. In many instances the patient is able to breathe easily with the tube closed, and yet cannot tolerate its removal. This little device is merely a section of an inner tube with both ends closed. It is introduced into the outer tube and locked into place by a half turn. VITTUM.

Can You Cure Catarrh?—S. S. BISHOP—*The Med. Herald*, February 1899.

To be successful in the treatment of catarrh of the upper-air passages one must not only carry out the proper local treatment, but he must also look to his patients' hygienic surroundings, proper clothing, personal habits and the elimination of any uric acid habit of body that may be present.

If patients live in an atmosphere laden with local excitants, such as irritating gases, dust, etc., these conditions must be changed for favorable ones. The surface of the body must be properly protected from sudden and extreme changes of temperature. Woolen garments are far superior to cotton or silk for this purpose. In temperate and frigid zones vegetable fiber is unfit to be worn next to the skin except during the warmest weather. Overfeeding, excessive use of stimulants, and certain exhausted states of the sexual system and menstrual irregularities are favorable to the production of nasal catarrh, and they retard a cure. There is certainly a close sympathetic relation between the erectile nasal tissue and the generative organs. Many such instances are given. Uricacidemia is responsible for a great deal of suffering from catarrhal states of the nose and throat and requires treatment by diet and exercise as well as by the salicylates and lithia.

MCLEAN.

BOOK REVIEWS.

Progressive Medicine.—A Quarterly Digest of Advances, Discoveries, and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, handsomely bound in cloth, 490 pages, 28 illustrations and 3 colored plates. Lea Brothers & Co., Philadelphia and New York.

The first volume of this new quarterly digest of medical advancement in the medical and surgical sciences gives promise of an interesting and valuable series, if the reputation of the editor and his able staff of collaborators, the excellent selection of the subject matter and the activity of its publishers may be considered as factors to this end.

The introductory monograph on "Surgery of the Head, Neck and Chest" is of more than usual value to physicians interested in oto-laryngology. "The Surgical Treatment of Exophthalmic Goitre," "Heit-lip and Cleft-palate," Carcinoma of the Tongue, Tracheotomy Under Local Anesthesia and Abscess of the Brain have all been ably considered in the light of progressive surgery by Dr. J. C. DaCosta.

In the next chapter devoted to diseases of children, Dr. A. D. Blackader includes a special section on Diseases of the Upper Air Passages in Children.

"Retro-pharyngeal Abscess," "The Examination of the Larynx," "Adenoid Vegetations," "The Various Forms of Pneumonia," "Asthma," "Pertussis," "Diphtheria," are given due attention. Several of these sections are noted in greater detail in the Abstract Department of THE LARYNGOSCOPE.

Perhaps the most valuable contribution to this number from the standard of the laryngologist is offered by Dr. A. Logan Turner. In special paragraphs he considers The Three Tonsils as Channels of Infection, The Pressure Pouch of the Esophagus, The Difficulties in the Examination of the Larynx in Infants, The Therapy of Orthoform in Diseases of the Nose and Throat, and several interesting and practical paragraphs on Deformities of the Nose and Throat Rectification.

A special chapter is devoted to Ozena and its Treatment by Cupric Electrolysis and by Diphtheria Antitoxin and other means.

Hay Fever, Nasal Hydrorrhea and Fibronous Rhinitis also receive attention.

A chapter on the Nasal Accessory Sinuses with a series of instructive skulls showing the open sinuses, completes this interesting monograph.

Otology is represented in the last monograph of the volume by Dr. Robt. L. Randolph. The anatomy and physiology is brought up to date. The radical operation as modified by Kretschmann Paso is briefly emphasized by a series of illustrations of the operations.

Sinus Thrombosis, Neuralgia of the Mastoid, Structure of the Eustachian Tube, Sclerosis of the Middle Ear, The Pressure Sound and Thyroid Treatment are also noted.

International Clinics, Volume IV, Eighth Series, 1899. J. B. Lippincott Co., Philadelphia, Publishers.

Two chapters of especial interest in oto-laryngology in the latest volume of this series are those of Prof. Urbantschitsch on Hearing Exercises for the Deaf and Dumb, and of Dr. Casey A. Wood on The More Frequent Diseases of the Frontal Sinuses. The monograph of Urbantschitsch describes in practical outline the system which he successfully employes in training deaf-mutes and in stimulating the latent auditory nerve by voice drill.

The introduction to Wood's monograph on "Diseases of the Frontal Sinuses" is preceded by the anatomy of these cavities and surgical landmarks and is followed by a brief description of the symptoms and data of the more frequent diseases of this accessory cavity. Two full page cuts accompanying the article.

The Section of Ophthalmology is represented by an article from the pen of Dr. Edward Jackson introducing several interesting descriptions of clinical examinations, and a series of clinics by Dr. Henry Dickson Bruns.

In the Section of Therapy a monograph by Prof. J. Grancher on the "Treatment of Tuberculosis" may be of especial interest to our readers.

Sajous' Annual and Analytical Cyclopedia of Practical Medicine, Vol. III. The F. A. Davis Co., Philadelphia, 1899.

The principal feature of Vol. III of this up-to-date cyclopedia is the valuable trio of articles by Professors Osler and Norton on "Infantile Myxoedema" (Cretinism), Putnam on "Exophthalmic Goitre" and Adama on "Goitre." The literature of these important subjects is given detailed consideration and every phase of therapy is included.

The Diseases of the External Ear, The Therapy of Formaldehyde in Disorders of the Respiratory Tract and the Uses of Hydrogen Dioxide may be found of special interest to oto-laryngologic readers.

Rhinologie, Laryngologie und Otologie in ihrer Bedeutung fuer die allgemeine Medicin. Von Dr. Med. E. P. Friedrich. Leipzig, F. C. W. Vogel. pp. 341, 1899.

This work has been written, as the author states in his preface, for the purpose of keeping the specialist in closer touch with general medicine. To break down the barriers which tend to form between special and general practice, and to remind the specialist that his field of work is a part of the whole medical structure and not a thing separate and by itself. The interrelations between the upper-air tract and the body in general are so manifold and far-reaching that he who would succeed in the treatment of its diseases must keep constantly in mind the influence which numerous other organs and numerous general diseases exert upon his particular field of labor.

The scope of the book is such that clinical descriptions are necessarily omitted. The author limits himself strictly to pointing out the connections and influences which disease of various parts of the organism has upon the nose, throat and ear and *vice versa*.

In a work so comprehensive as the present one we should not expect to find very lengthy dissertations on any single division of the subject, and such is the case. The author has, however, apparently omitted nothing of importance, and has kept the work well abreast of the times.

The book is charmingly written, the author's style being clear and concise.

Perhaps the best method of showing the extent and scope of the work will be to give a list of the subjects treated in its different divisions.

I. Diseases of the respiratory organs. II. Diseases of the circulatory system. III. Diseases of the digestive apparatus. IV. Diseases of the blood. V. Chronic constitutional diseases. VI. Acute infectious diseases. VII. Chronic infectious diseases. VIII. Diseases of the kidneys. IX. Diseases of the skin and sexual organs. X. Diseases of the eye. XI. Intoxications. XII. Diseases of the nervous system.

The book is well printed, on good paper and is altogether what we might expect from the well-known publishing house of F. C. W. Vogel.

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